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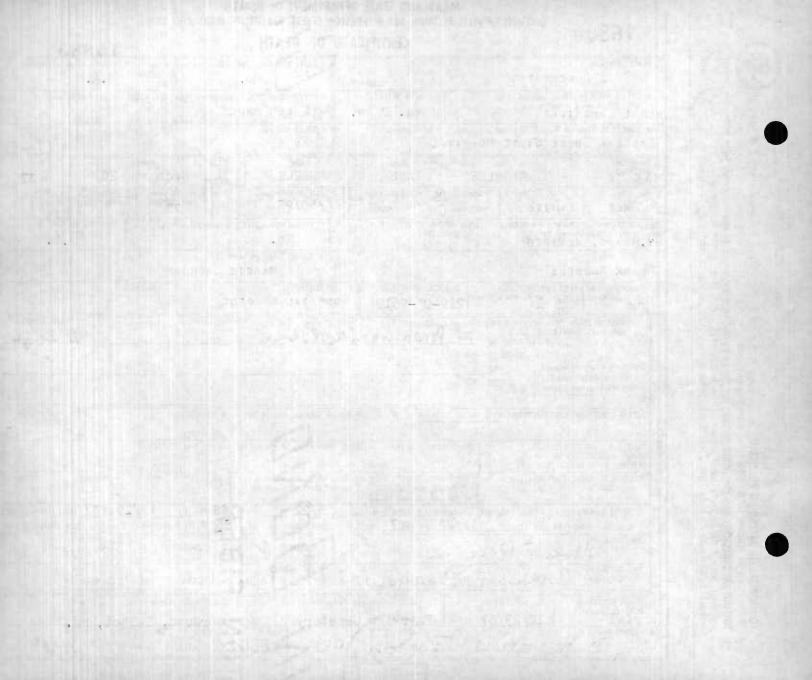
## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

40000

1000	U		CERTIF	ICATE	OF DEATH			16	883	3
1. PLACE OF DEATH a. COUNTY	OR CHESTER		MARY	'LAND	2. USUAL RESIDENCE (W		d lived, if institut b. COUI			admissian)
b. CITY OR TOWN ( write RURAL on RURAL CAME	(If outside corporate limits, d give nearest town) BRIDGE		c. LENGTH OF STAY I	11	C. CITY OR TOWN (If aut		limits, write RU	RAL ond give	nearest	tawn)
	TAL OR INSTITUTION (IF not SHORE STATE				d. STREET ADDRESS Box 63	1			e. YE	IS RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print)	Firs CHAR		Middle EARL		Last ANDREWS	4. DATE OF DEATH	Man DECEMB		Day	Year 19 67
S. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED  DIVORCED		DATE OF BIRTH 6/30/95	9.	AGE (In years lost birthday) yrs.	Months Months		Hours Min
10a. USUAL OCCUPATION during most of working ST.ROADS,	N (Give kind of work done life, even if retired) RETIRED		ND OF BUSINESS OR IDUSTRY		11. BIRTHPLACE (County of MD.	& Stote, or fore	ign country)	12. CIT COI	IZEN OF V	WHAT S.
13. FATHER'S NAME FRANK AND					14. MOTHER'S MAIDEN MAGG	NAME IE JAC	KSON			
1S. WAS DECEASED EVE (Yes, no, or unknown)	ER IN U.S. ARMED FORCES? (If yes give war ar dates af	service) 16. 21	SOCIAL SECURITY NO. 9-05-9619		SPITAL RECO	RDS	Addr	ess		
	te couse (o), erlying couse	o) o	(a), (b), and (c).) Pneumo	nia	lobar					RVAL BETWEEN ET AND DEATH
PART II. OTHER S	IGNIFICANT CONDITIONS CO		TO DEATH BUT NOT REL	ATED TO T	HE TERMINAL DISEASE CON	NDITION GIVEN	IN PART 1(a)			WAS AUTOPSY PERFORMED? NO [
U LIFETTHER NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OF	CCURRED. (	Enter noture of injury in	Port 1 or Port	II of item 1B.)		15	
Haur'a.	m. 19	While of wor	k of work	facto	E OF INJURY (Hame, farm ary, street, affice bldg., etc.)	)	(City ar tawn)		inty)	(State)
	Lords F. N	ital) atten 12/2 Cuc	ded the deceosed $20 - 1967$ , $6$	and that M.D	ATTENDING PHYS.	MED. DIRECTOR [	STAFF PHYS.	and on th	ne dote	57
23o. BURIAL, CREMATI REMOVAL (Specific	ION, 23b. DATE THE	REOF	3 AR RUSE  23c. NAME OF CEM	ETERY OR C	REMATORY .	23d. LOC	ATION (City or To	,	(County)	(Stote)
24. FUNERAL DIRECTO	OR 1 12/23/	10	Fairview	Ceme	2Sa. REC'I	D BY REGISTRA		EGISTRAR'S S	GNATURE	roge.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 hours affer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft Page 4 may be retained by the haspital ar attending physician.

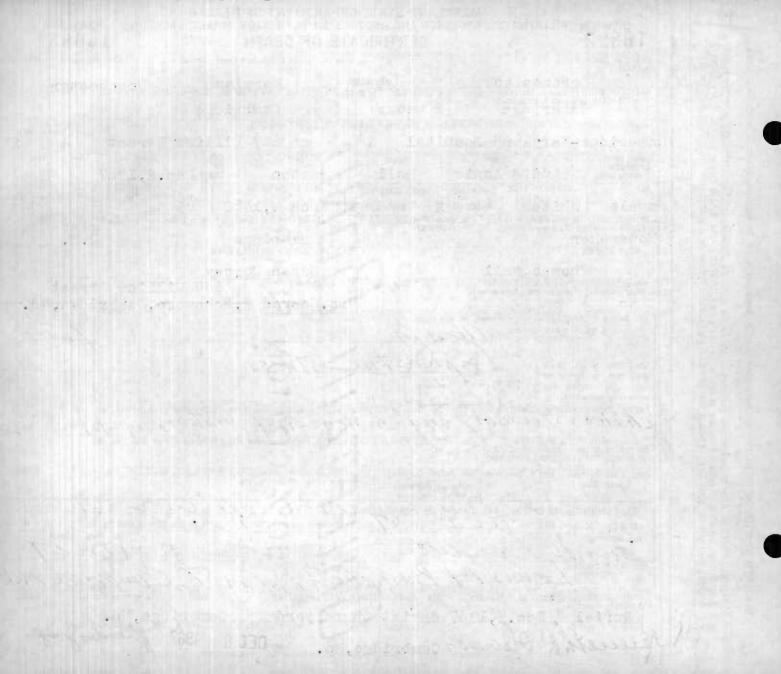
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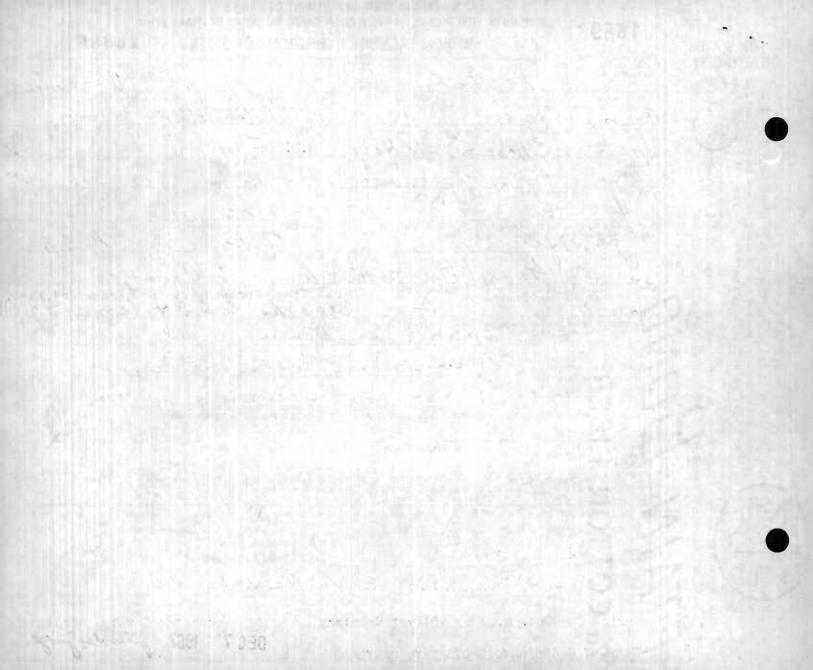
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16891 CERTIFICATE OF DEATH 16884 degith. 24 haurs after death. funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY h COUNTY MARYLAND es b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town write RURAL and give negrest town) 2 Wes 22 day d. NAME OF HOSPITAL OR INSTITUTION of not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? unk \$4000; ta NO D I, and in any event, within OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within NAME OF Lost 4. DATE Month Year remave carban DECEASED 1967 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Months Hours 02-03-95 WIDOWED DIVORCED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) \_COUNTRY? INDUSTRY Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remava attending phy RANCES Phillips ames WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. (Yes, ng, or unknown), (If yes give wor or dotes of service Shore State Blospita VINKNOWN crematian, 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:

DA) = 12 M INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH PNEUMONIA IMMEDIATE CAUSE (a) DUE TO burial, r Conditions, if ony, which gove (b) rise to immediate cause (o), DUE TO stoting the underlying couse os the prior tal **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the haspital ar attending this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) BRAIN SYNDROME detached for use te Dept. af Health CHRONIC DEHYDRATION NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year Hour o.m. foctory, street, office bldg., etc.) of work 19 67, 10 Dec 1 2]. I certify that (I) (this haspital) attended the deceased fram Dec 1 19 67, that (I) (we) last 3 shauld I 1967, and that death accurred at 845M, fram causes and an the date stated above saw the deceased alive an Dec 220. SIGNATURE 22b. DATE SIGNED STAFF director, page 3 DIRECTOR M.D. 22c. PHYSICIAN'S NAME (Type) \* 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION, (County) REMOVAL (Specify) Cambridge Cemetery 2 Dec 1 1957 Cambridge, Maryland REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 LeCompte Funeral Service, Cambridge. Maryland

AND AND THE STREET	WHAT IS YOUR BOOK OF	THE RESERVE OF THE PARTY OF THE	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16893 16886 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY delay 3 b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY (Wautside carparate limits, write RURAL and give nearest tawn) pup write RURAL and give nearest/tawn) Salisbury 22 HOBBALAN e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) R.D. (Rockawalkin) NO X YES Item 18. Give Pages Office alang with NAME OF DATE Manth Day Year DECEASED 19 6 DEATH (Type ar print) IF UNDER 1 YEAR IF UNDER 24 HRS land 2 with S. SEX 8. DATE OF BIRTH AGE (In years last birthday) Manths death. DIVORCED 03-19-WIDOWED 12. CITIZEN OF WHAT 10a, USUM OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during mast af working life, even ifretired) INDUSTRY Chief Medical Examiner's 14. MOTHER'S MAIDEN NAME This certificate should be executed within 13. FAXHER in pencil WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. within 72 (Sister 7. Frankford, /De Furbosh (Yes, na, ar unknown) (If yes give war ar dates af service No INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (q), (b), and (c).) burial-transit event PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) writing the ward the any Canditians, if any, which gave rise to immediate cause (a), be farwarded to DUE TO stating the underlying cause 0 gud va OuchRe 00 nzed 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) remayal, NO certificate, 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY ar CONTRIBUTING EXAMINER: CAUSE OF DEATH. 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Nat While at wark 21. I certify that I taok charge of the remains described above, held an Autapsy Inspection Inquiry ond in my opinion for FUNERAL DIRECTOR: Natural causes death resulted fram: Accident Suicide Undetermined manner be retained please CHIFF MEDICAL EXAMINER 12 -1 -6 7 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Addes (Street, City own, or county) may Health NAME (Type) 23d. LOCATION (City or Town) 23g. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify)
Burial 2 Dec. 4, 1967 Olivet Cemetery Worcester County, Maryland 24. FUNERAL DIRECTOR VR A15ME 6M 1/67 HOLLOWAY & COMPANY, SALISBURY, MARYLAND



16894 TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers—Pages 1 and should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 22 hour after deet

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion.

VR A15 (4) 25M 1/67

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

 	5, 55.	*** * ***		
	CED	TIELCA	TE OF	DEATH

	CERTIFICATI	OF DEATH	16887
1. PLACE OF DEATH  o. COUNTY  DDRCHESTER	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institute a. STATE MD.	
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) RURAL CAMBRIDGE	c. LENGTH OF STAY IN 16 30 YE ARS	c. CITY OR TOWN (If outside carparate limits, write RU SNOW HILL	RAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in HEASTERN SHORE STATE HDS		d. STREET ADDRESS	e IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) ANNA	Middle C. BON	Lost 4. DATE Man OF DEATH DECEMB	ER 14 19 67
	MARRIED NEVER MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 9/7/78 9. AGE (In years last birthday) 89 yrs.	IF UNDER 1 YEAR   IF UNDER 24 HRS   Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired) REG. NURSE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Caunty & State, ar foreign country)  MD •	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME EDWARD J. BONNEVILLE		14. MOTHER'S MAIDEN NAME ESTHER E. JONES	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknawn) (If yes give war ar dates af serv N O	ice)	INFORMANT Addr O SPITAL RECORDS	ess
18. CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY:  3 3 DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) DUE TO  Conditions, if any, which gave rise to immediate couse (a), stoting the underlying couse (c) (c)	r line for (o), (b), and (c)) Cerelius Voxael	or accident (Thromb-	interval Between onset and Death  30 Carys
PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I ar Part II of item 1B.)	
20c. TIME OF INJURY Month, Day, Yeor Hour a.m. p.m. 19		ACE OF INJURY (Hame, farm, 20f. (City ar tawn) tary, street, office bldg., etc.)	(Caunty) (State)
21. I certify that (I) (this haspital saw the deceased alive on 12/	attended the deceased fram_ 14 19 <u>67</u> , and tho	9/9 , 19 37 , ta 12/ It death occurred at 9:45 M, from couses	14, 19 <u>67, that (1) (we) la</u> and on the dote stated abov
22c. PHYSICIAN'S	duffe, M	22d. ADDRESS	22b. DATE SIGNED 12/14/67
230. BURIAL, CREMATION, RS MOVAL (Specify)  24. EUNÉRAL DIRECTOR	22 NAME OF CEMETERY OF MAKENIE PR	estaterism Snow Hill.	
Kensitil Shame In fan	Dennis Funeral H.	DATE DEC 18 1967 &	Charles ander

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 6888 HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY Dorchester Maryland Wicomico delay is and 3 ta Page MARYLAND. b. CITY OR TOWN (If autside carparate limits, write RURA) and give negrest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) pup PM3. | 1 Min. Hebron d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Box 261 e. IS RESIDENCE ON A FARM? farm Lillian Street Choptank River bridge Rt. 50 This certificate shauld be executed within 24 hours after death. It cate, writing the word "pending" in pencil in Item 18. Give Pages NO 4 3. NAME OF Office along with Middle 1ast 4. DATE Month Day Year DECEASED December 22, William Bounds John DEATH (Type or print) 9. AGE (In years S SEX IF UNDER I YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Hours June 18,1929 Male WIDOWED | DIVORCED haurs after death 11. BIRTHPLACE (Stote or foreign country) 10o. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY inting COUNTRY? Marvland e, writing the word 'pending' in pencil in farwarded to the Chief Medical Examiner's 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Ruby Cox John W. Bounds 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Address event within 72 (Yes, no, or unknown) (If yes give war or dotes of service) Dorchester County Sheriff, Cambridge, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Drowning Instant IMMEDIATE CAUSE (a) DUF TO any Conditions, if any, which gove rise ta immediate cause (a). 2 DUE TO stoting the underlying couse D 00 19. WAS AUTOPSY
PERFORMED?
YES NO XXX PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) remaval, please execute the certificate, pe 4 shauld be 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II af item 18.) 3 should PRIMARY or CONTRIBUTING CAUSE OF DEATH. JD Passenger in auto which hit bridge and plunged into river. crematian, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED A 20e. PLACE OF INJURY (Hame, form, 20f. (City ar tawn) (County) (State) While at wark at wark foctory, street, affice bldg., etc.) YOUR Md. 12.02 AM 12-22- 1967 Cambridge Dor. Bridge 21. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inspection , Inquiry ond in my opinion for deoth resulted from: Notural couses Accident 7 Suicide . Homicide . Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior may be re FUNERAL I SIGNATURE DEPUTY MEDICAL EXAMINER 12/22/67 EXAMINER'S John Mace Jr. Address (Street, city, tawn, at county) Health 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 50 REMOVAL (Specify) Hebron Cemetery Hebron Marvland 2Sb. -REGISTRAR'S SIGNATURE VR A 15ME Salisbury, Md. Wallace

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PACE OF DEATH   COUNTY   COU	1	MARYLAND STATE DEPARTMENT OF HEALTH
PLACE OF DEATH   1		
b. CLIFFOR COWN (IT outside composed limits, write RURAL and give neorest lown) write RURAL on digive neorest lown) write RURAL on ROSTITUTOR (IT NOT THE TOP	I. PLACE OF DEATH	PLACE OF DEATH    2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission)
I. PACE OF DEATH   1688   1   1		
PLACE OF DEATH		
Cambridge - Maryland Hospital   Cambridge   No. Of tal.   TS   No. Of tal.	I. PLACE OF DEATH	
3. NAME OF DECEASED (Type or print)  DECEASED (Type or print)  Michael  Lee  Brohawn  DEAHDec 75, 1967  19 AGE (in years   FUNDER THE DIDER THE NUMBER OF A MARKED   DIVORCED		Snawnee road   On a farm?
S. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   NEVE	3.	NAME OF First Middle Lost 4. DATE 21 Month Doy Year
Mail to   White   Wilder   Dec. 21, 1967   Vrs.		(Type or print) Michael Lee Brohawn DEATH Dec. 25. 1967 19
IDD. USUAL OCCUPATION (Give kind of work done buring most of working life, even if retired)   IDD. KIND OF BUSINESS OR   IT. BIRTHPIACE (County & Stote, or foreign country)   I2. CITIZEN OF WHAT COUNTRY?   IV. S.		0. COLOR OR KACE 7. MARKIED NEVER MARKIED XX B. DATE OF BIRTH 9. AGE (III YEAR) FORDER 24 THE ORDER 24 THE OR
Interval Service   Interval Se	00	
15. WAS DECEASED FUER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Camddfildee, Md.		ring most of working life, even it refired) INDUSTRY Cambridge II.S.
Charles S. Brohawn, Shawnee Road   None   Charles S. Brohawn, Shawnee Road   INTERVIL BETWEEN   None   Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse (b)   DUE TO   (c)   Intervil Between   In	13.	
Charles S. Brohawn, Shawnee Road   None   Charles S. Brohawn, Shawnee Road   INTERVAL BETWEEN PART I. DEATH (Enter only one couse per line for (o), (b) and (c).   PART I. DEATH (Enter only one couse per line for (o), (b) and (c).   PART I. DEATH (Enter only one couse per line for (o), (b) and (c).   PART I. DEATH (Enter only one couse per line for (o), (b) and (c).   PART I. DEATH (Enter only one couse per line for (o), (b) and (c).   PART I. DEATH (ENTER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIB	15	Charles S. Broham Joanne Bauer WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).)  PART I. DEATH WAS CAUSE BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING COURTED (c)  20. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING COURTED (Enter nature of injury in Port 1 or Port II of item 18.)  20. CIME OF INJURY Month, Doy, Year Hour own 19 of work of two fine of the control of two fine of two fine of the control of two fine of the control of two fine of two fine of two fine of two fine of the control of two fine	(Y	es, no, or unknown) ((It ves give wor or dotes of service)
DUE TO  Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF FITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY MONTH, Doy, Year Hour o.m.  19		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).)  INTERVAL BETWEEN
Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse (b).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  19. WAS AUTOPSY PERFORMED?		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) Clarenal Sinfanction  300000000000000000000000000000000000
DUE TO    Stoting the underlying couse   Oct.		Conditions if any which care a
Solution   State   S		rise to immediate couse (o), ONE TO
200. ACCIDENT WAS UNDERLYING  200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)  200. ACCIDENT WAS UNDERLYING  201. I certify that (I) (this haspital) attended the deceased fram  201. I certify that (I) (this haspital) attended the deceased fram  202. SIGNATURE  202. SIGNATURE  203. ADDRESS  203. ADDRESS  204. CCAMBRIDATION (City or Town) (County) (Stote)  205. REC'D BY REGISTRAR  206. CITY or town) (County) (Stote)  207. COUNTY ADDRESS  208. REC'D BY REGISTRAR  208. R		lost. (c)
21. I certify that (I) (this haspital) attended the deceased from 2 - 2 - 196 7 that (I) (we) saw the deceased glive an 2 - 2 - 196 7, and that death accurred at 2 - 2 - 2 - 196 7 that (I) (we) saw the deceased glive an 2 - 2 - 196 7, and that death accurred at 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  19. WAS AUTOPSY PEFFORMED?
21. I certify that (I) (this haspital) attended the deceased from 2 - 2 - 196 7 that (I) (we) saw the deceased glive an 2 - 2 - 196 7, and that death accurred at 2 - 2 - 2 - 196 7 that (I) (we) saw the deceased glive an 2 - 2 - 196 7, and that death accurred at 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	FICATI	
21. I certify that (I) (this haspital) attended the deceased from 2 - 2 - 196 7 that (I) (we) saw the deceased glive an 2 - 2 - 196 7, and that death accurred at 2 - 2 - 2 - 196 7 that (I) (we) saw the deceased glive an 2 - 2 - 196 7, and that death accurred at 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	CERT	OR CONTRIBUTING CAUSE OF DEATH
21. I certify that (I) (this haspital) attended the deceased from 2 - 2 - 196 7 that (I) (we) saw the deceased glive an 2 - 2 - 196 7, and that death accurred at 2 - 2 - 2 - 196 7 that (I) (we) saw the deceased glive an 2 - 2 - 196 7, and that death accurred at 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	DICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
saw the deceased alive an	ME	p.m. 19 ot work U ot work U
22c. PHYSICHAN'S NAME (Type) Dt. Wilbur N. Baumann  22d. ADDRESS 10 Aurora St Cambridge, Maryland  23d. BURIAL, CREMATION, PHYSIPAIN Dec. 27, 1967  23d. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)  24d. ADDRESS 10 Aurora St Cambridge, Maryland  23d. LOCATION (City or Town) (County) (Stote)  24d. ADDRESS 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE.		
22c. Physician's Name (Type) Dt. Wilbur N. Baumann  23c. Burial, Cremation, Physician's Name (Type) Dt. Wilbur N. Baumann  23c. Burial, Cremation, Physician's Dec. 27, 1967  23d. Name Of Cemetery Or Crematory Dec. 27, 1967  23d. Location (City or Town) (County) (Stote) Physician's Dec. 27, 1967  24d. Address Date Thereof Dorchester Memorial Park, Cambridge, Md.  25d. Juneral Director Dorchester Memorial Park, Cambridge, Md.		22b. DATE SIGNATURE
NAME (Type) Dt. Wilbur N. Baumann 10 Aurora St Cambridge, Maryland  230. BURIAL, CREMATION, PROPERTY Dec. 27, 1967 Dorchester Memorial Park, Cambridge, Md.  24. JUNEAL DIRECTOR A A C ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE.		M.D. Altending   Med. Director   Staff
Dec. 27, 1967 Dorchester Memorial Park, Cambridge, Md.  29. JUNERAL DIRECTOR A O O O ADDRESS 250. RECID BY REGISTRAR 25b. REGISTRAR'S SIGNATURE.		PHYSICIAN'S NAME (Type) Dt. Wilbur N. Baumann   22d. ADDRESS 10 Aurora St Cambridge, Maryland
24. JUNERAL DIRECTOR A A ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	230	O. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY . 23d. LOCATION (City or Town) (County) (Stote)
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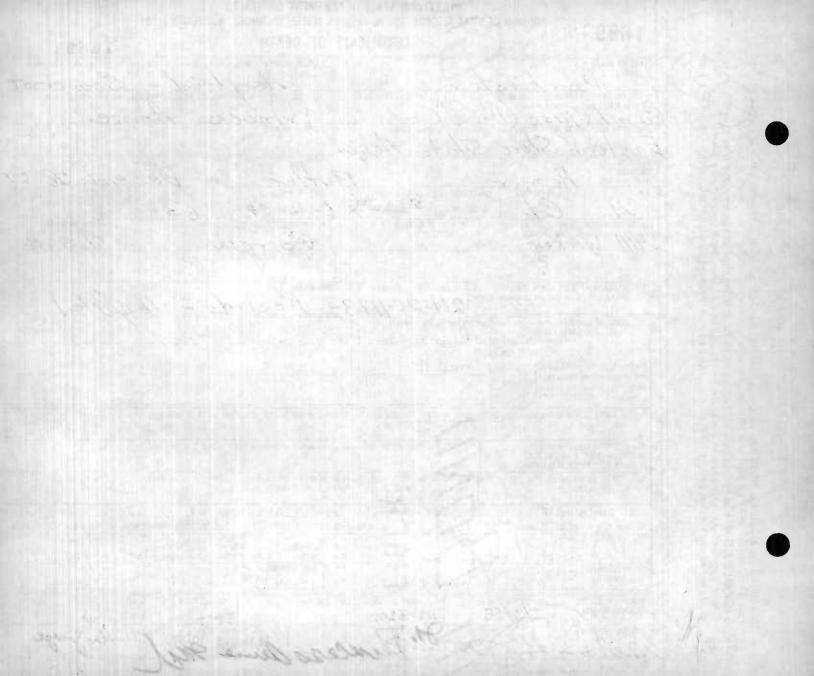
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	li .	MARYLAND STATE DEPARTMENT OF HEALTH
10 17		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
(IVI)		16897 CERTIFICATE OF DEATH
4 24		CCEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR
eral eral	(1	ype or print) Annie Elizabeth Bryan Dec. 18-1967 Year 915.
	3. SE	X 4 RACE DATE OF BIRTH 6 AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
s after death.		Female White DEC. 10, 1877 last birthday) YRS. MONTHS DAYS HOURS MIN
by by		BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH
4 h d in pers	cour	Maryland United States WIDOWED & DIVORCED   Dorchester
OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deoth be retained by the hospitol or attending physician.  JIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the funeral e.3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 7 and 2 ed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death	10. 0	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during myst af working life, even if retired.)  12. KIND OF BUSINESS OR during myst af working life, even if retired.)
wiith bon wiith		turisch, 110. Delle Manien Kursing/me Nousewite
pplent con		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN)  13d. INSIDE CITY LIMITS?  13e. STREET AND NUMBER  VESS NO 1
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and rem	14. 1	
te b ase nd i	160	WAS DECEASED EVER IN U.S. ARMED FORCES?   16K SOCIAL SECURITY NO.   17. INFORMAND) Address, Address,
fical ysici ple ol, o	У	es, no sylinknown) (If yes give war or dates of service) 220-01-0608-A (leribel B. Windsor Klurlock Md
ph hen nov		APPROXIMATE INTERVAL
ding t. Tren		PART I. DEATH WAS CAUSED BY: Conchast Washington And Jone & Broncho
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the de life to the otio		Conditions, if any, which gove) as pneumania since 12/15/67
hat n. yy th onsi		rise ta immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF
sicio sicio ed P ed t al-tr		lost. (c) Gemeralized arteriosclerosis & semility 15 yrs
phy: phy: sign buri		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
w re ling een the r to	×	
ICIAN: The low requires the pitol or attending physicion rifficate hos been signed by all for use as the burial-tro of Health prior to burial, cre	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
The I after be hos use as	RIF	157 NO 6
AN: olo olo icate for Hea		21c. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.)  OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year
rsician: ospitol or certificate hed for unit, of Health	MEDICAL	(if either, natify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY). 21f. LOCATION Street or R.F.D. No. City or Town County State
R ATTENDING PHYSICIAL retained by the hospital EECOR: After this certifical should be detached for with the State Dept. of He	1	While Nat while \\ \text{Virile Bollome, Etc.}
the de de de de de de		at work of work
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ATTEI staine CTOR: shoul ifh th		causes stated alpoye, (I) (we) ( <del>did) (gid nat) view</del> the body after death.
OR ATTENDING PH be retained by the h DIRECTOR: After this ge 3 should be detactled lied with the State Dep		22b. SIGNATURE  DEGREE PHYS DIRECTOR PHYS 22c. DATE SIGNED  22c. DATE SIGNED  12 / 18 / 6 7
		22d. PHYSICIAN'S 22e. ADDRESS  22d. PHYSICIAN'S 22e. ADDRESS
RAL RAL be		NAME(Type) harold BIPlummer M.D. Preston Haryland
to Hospital OR Page 4 may be a O FUNERAL DIRE director, page 3 Should be filed v	23a.	BURIAL, CREMATION, 23b. DATE 235 NAME OF CEMETER OR SEMATORY 1-23d LOCATION (City of Town) (County) (State)
P g o je k	F	REMOVA (Specify) 12/28/19/7 Clifford Climble Quant my
VR A13 (4)	24.5	TUNEBAL DIRECTOR 2 250. REGISTRAR'S SIGNATURE
30M REV 8	JH.	Maurice -/ Clonary & SM Caslon My Date DEC 20 1967 Volianles Judge

Prove the selection forgon as the second Female white Dec 1877 Zu Maryland United States & Dondester Warlest, M. Belle flower Narsmelline Heavenife Maylond Toldet Traps & Mainstreet Herrison Paymend Elization Herricas

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16898 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE, (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE COUNTY MARYLAND b. CITY OR TOWN (If autside carparate limits LENGTH OF STAY IN 16 c. CITY OR TOWN (If auxide carparate limits, write RURAL and give nearest tawn write RURAL and give nearest town) The law requires that the death certificate be executed within 24 hay IS RESIDENC papers. nat in haspital, give street address) and in ony event, within 72 ON A FARM? filled YES NO NAME OF remove corbon 4. DATE Month Year DECEASED OF DEATH (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH 9. AGE (In years NEVER MARRIED [ birthday) Months Days Hours WIDOWED puo 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during mest of working life, ever if retired) INDUSTRY Worker 13. FATHER'S NAME 14. MOTHER'S MAIDEN buriol, cremotion, or removol, IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor ar dates af service 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physicion. DUE TO Conditions, if ony, which gave rise to immediate cause (a). DUE TO stating the underlying cause After this certificate has been be detached far use as the State Dept. of Health priar to lost. 19 WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO N 20g. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) Haur a.m. factory, street, affice bldg., etc.) Not While at work of work 21. I certify that (1) (this haspital) attended the deceased from Jan 13 1966, 19 ta 10 < 28,1467, 19\_, that (1) (we) last director, page 3 should should be filed with the saw the deceased alive on 12/27 19 \_, and that death accurred at 1:30 AM, fram causes and an the date stated above O FUNERAL DIRECTOR: 22a. SIGNATURE 22b DATE SIGNED 28 M.D. DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 004 N 230. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) DATE THEREOF (County) (State) 68 REMOVAL (Specify) Mt Zien Princess Anne Mc ADDRESS 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAN 25M 1/67



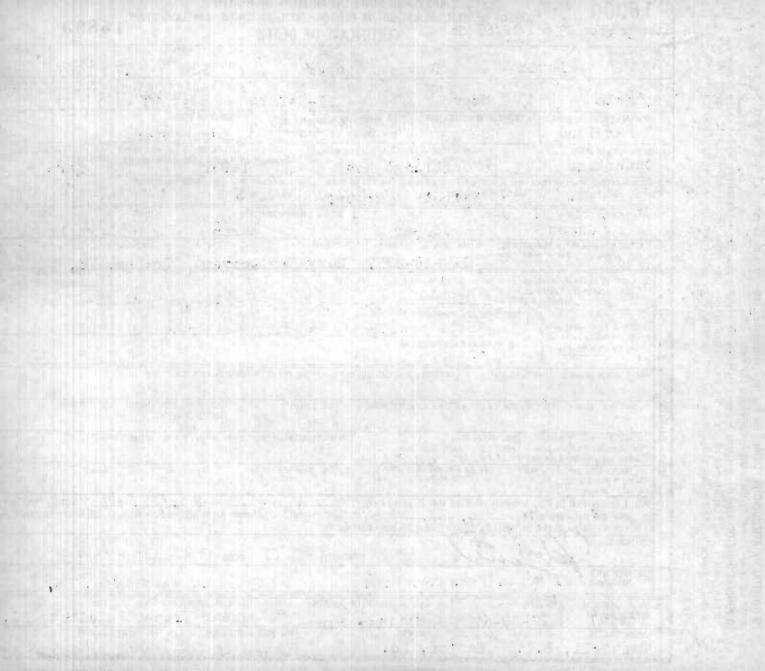
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16899 CERTIFICATE OF DEATH 16892 The low requires that the death certificate be executed within 24 hours ofter death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Vorchester MARYLAND b. CITY OR TOWN (If outside corporate limits, Page c. LENGTH OF STAY IN 1b write RURAL and give nearest town) rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NAME OF 4. DATE Middle DECEASED arroll DEATH 9. AGE (In years lost birthdoy) 7. MARRIED B. DATE OF BIRTH NEVER MARRIED ond in ony WIDOWED X DIVORCED 11. BIRTHPLACE (Caunty & State, or fareign country) 10o. USUAL OCCUPATION (Give kind of work done during, most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY Kent Maryland Housework 13. FATHER'S NAME burial, cremation, or removal, Sallie Turner 17 INFORMANT 16 SOCIAL SECURITY NO. (Yes, no, ar unknown) (If yes give war ar dotes of service) 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) signed by the burial-tronsit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUF TO Canditions, if any, which gove (b) rise to immediate cause (a), DUE TO stating the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Miti 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Manth, Day, Year Hour a.m. factory, street, office bldg., etc.) Not While 21. I certify that (1) (this haspital) attended the deceased fram 12-20 , 1967 , to 12 - 25

c. CITY OR TOWN (If outside carparote limits, write RURAL and give nearest town) IS RESIDENCE ON A FARM? NO PC Year nec. IF UNDER 24 HRS Hours 12. CITIZEN OF WHAT Louise Robbins, Cambridge. INTERVAL BETWEEN ONSET AND DEATH O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 moy be retained by the hospitol or attending physicion. 19. WAS AUTOPSY PERFORMED? NO M **DIRECTOR:** After this certificate (County) (State) director, page 3 should should be filed with the 19 67, and that death accurred at 7 42 M, from causes and an the date stated above saw the deceased alive an 12 - 24 22g. SIGNATURE 22b. DATE SIGNED M.D. PHYS. DIRECTOR 12-28-67 22d. ADDRESS 22c. PHYSICIAN'S TO FUNERAL NAME (Type) RICHARD BILODEAU OAKLEY 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Tawn) 23a. BURIAL, CREMATION, (County) (Stote) 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15 (4 25M 1/67 E. NEWNAM & SON. Easton. Nd.

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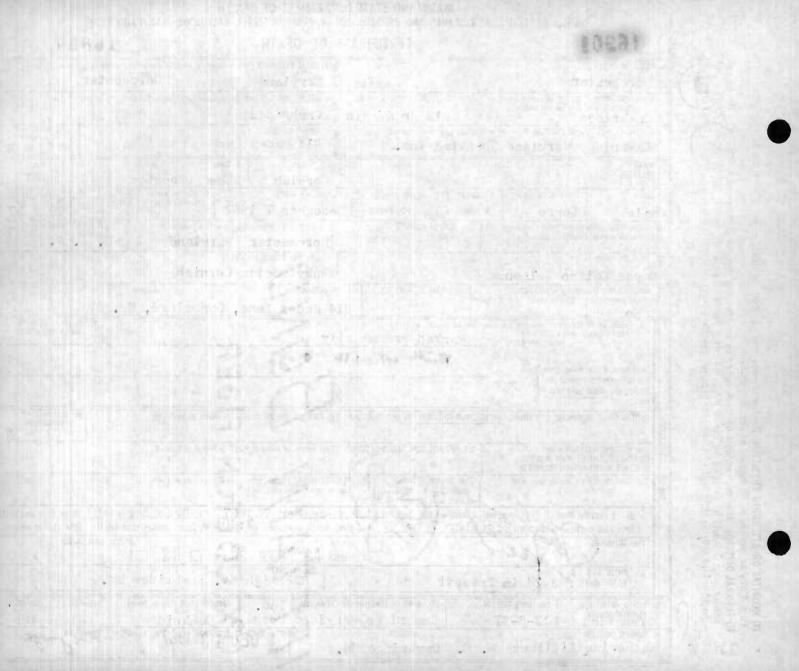
16900 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Item 6 Film G396 1/12/68 kk CERTIFICATE OF DEATH MARYLAND STATE DEPARTMENT OF HEALTH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR death. (Type or print) Month Lewis Cooper 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 6. AGE (In years signed by the attending physician and campletely filled in by the fluburial-transit permit. Then please remave carbon papers. Pages 1 burial, crematian, ar remaval, and in any event, within 72 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after lost birthday) DAYS Male Negro II-8-T874 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED X NEVER MARRIED country) Maryland USA WIDOWED [7] DIVORCED [ Dorchester 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY farm give street oddress) during most of working life, even if retired.) Cambridge ge Hosp 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Talbot odmission) STATE NO Y YES 🗔 Trappe 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle James Cooper Sarah Purnell 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes no or unknown) 1 (If yes give wor or dates of service) 17. INFORMANT Address Yes, no, or unknown) 219-14-2777 Mary Amy Cooper Tranne APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Uremia DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave ) Arteriosclerotic cardiovascular renal rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) **10 FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health priar to 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION CAUSES OF DEATH? YES [ NO [ 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while at work 22a. I **certify** that (I) (this hospital) ottended the deceosed from May 10, 1967, to Dec. 27, 1967, that (I) (we) lost saw the deceased alive an Dec. 27, 1967 and that in (my) (aur) apinion death occurred an the date and hour and from the causes stated above, (I) (ye) (did) (did not) view the bady after death. 22c. DATE SIGNED 12/28/67 22b. SIGNATURE MED. DIRECTOR ATTENDING DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S Edwin Fassett, M.D. High St., Cambridge. Md. NAME (Type) 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specity) near Talbot Trappe Md . I2-30-67 Williamsburg ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Dashiell, b.l. Easton, Md. 30M REV. 1/68 Mlanda Jula



DATE

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 16895 HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Dorchester Poge Dorchester deloy is and 3 to of Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) ond P.M3 offer write RURAL and give nearest town) 3 days Hurlock d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS B. IS RESIDENCE ON A FARM? farm Cambridge-Maryland Hospital hou Give Pages ote YES NO X ofter death. d "pending" in pencil in Item 18. Give Pag Chief Medical Examiner's Office olong with NAME OF Middle 4. DATE Lost Month Doy Year within 72 DECEASED the PERKINS CORNISH FLORENCE ALBERTA December 19 67 14 (Type or print) DEATH with 9. AGE (In years lost birthday)
About 59 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED DATE OF BIRTH NEVER MARRIED Months pencil in Item 18. Female Dovs Negro About 1908 WIDOWED DIVORCED 24 hours event 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. 8IRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)

Housework INDUSTRY Home pages I in any Dorchester Co., Maryland be executed within 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME R. Coursey Zinna Perkins File 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT permit. burial, cremotion, or removol, Unknown Mary E. Farrow, Hurlock, Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: ONSET AND DEATH Toxemia IMMEDIATE CAUSE (o). This certificate should word DUE TO Conditions, if ony, which gove (b) First. second & third degree burns days. writing the rise to immediate couse (o), DUE TO 75% of body. stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? the certificate. NO 🛣 ogent, prior to should be 20g. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 3 should TAL EXAMINER: CAUSE OF DEATH kerosene on fire, cathling clothing on 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, Home moy be retained for your FUNERAL DIRECTOR: Page While Not While of work ot work Hurlock. Dor. Md. 21. I certify that I took charge of the remoins described obove, held an Autopsy Inspection x Inquiry , ond in my opinion Natural causes Accident X Suicide . Undetermined monner death resulted fram: Hamicide | be retained CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 12/20/67 TO DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S John Mace Jr. M.D Cambridge, Md. 5 moy TO FUNE Heolth NAME (Type) Address (Street, city, town, or county) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify) Dec.20.1967 Washington Cemetery 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S 24. FUNERAL DIRECTOR Traccilloca VR A15ME J. J. Framptom and Son, Federalsburg, Maryland DATEC

and the state of t PLANTED ALBERTA PERSON S TOTAL SERVICE STREET MEN Shelynak .. no massion ! Contracy . Banacam Pary E. Barres, "writers, buryland

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16903	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	TIMORE, MARYLAND 21201	16896	
1. DECEASED-NAME First (Type or print) MAR	Middle Y M	Last Coursey	20. DATE OF DEATH DECEMBER Month 31	Day 67 Year	2b. HOUR
3. SEX FEMALE	4. RACE WHITE	S. DATE OF BIRTH 01-24-90	6. AGE (In years lasy tyrrhday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
70. BIRTHPLACE (State or foreign country) MARYLAND	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH DORCHESTE R		M
O. CITY OR TOWN OF DEATH  CAMBRIOGE (RURAI	give street oddress) EASTERN S	HORE STATE HOSPITAL	JAL OCCUPATION (Kind of work don nost of working life, even if retired CLERICAL		USINESS OR
admission) STATE MARYLAND	od lived, if institution: Residence before 13b. COUNTY QUEEN ANNI	13c. CITY OR TOWN 13d. INSIDE CITY  CENTREVILLE YES N	IO 13e. STREET AND NUMBER 10 10 10 10 KIDWELI	L AVE	17.2
14. FATHER'S NAME First THOMAS	Middle Last MARK	IS. MOTHER'S MAIDEN NAME	MARY ANN		Lost
16a. WAS DECEASED EVER IN U.S. ARM Yes, no or unknown) (If yes give wo	ED FORCES? If or dates af service)  16b. SOCIAL SECURITY 7, -07-5		Address HE EASTERN SHORE	STATE HO	SPITAL ATE INTERVAL
PART 1. DEATH WAS CAUSED IMMEDIA  450  Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	TE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF	nomia	CONDITION GIVEN IN PART I(a)	BETWEEN ON!	SEE AND DEATH  SEE AND S
STIFICA	ONDITION FOR WHICH OPERATION WAS P	YES NO 🔀			RTIFYING
OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Doy Yea er) P.M.	r 19	er noture of injury in Port 1 or Port	HVETTI-	
at wark at work		ACTORY.) 21f. LOCATION Street ar R.F.D. No	o. City or Town	County	Stote
saw the deceased al	the decear ive an 2 - 31 - (I) (we) (did) (did nat) view the	19 (2), and that in (my) (and) are	7, ta 12-3/, vinian death accurred an the	19 <u>6 7</u> , that ( date and haur a	(I) (We) la ind fram th
22b. SIGNATURE	Elimino-		MED. STAFF DIRECTOR PHYS.	2c. DATE SIGNED 12-31-	67
	LEWIS M.D.	22e. ADDRESS ESS H	CAMBRID	GE N	7D.
23a. BURIAL, CREMATION, 23b. D	JAN.3 CHE	CEMETERY OR CREMATORY STER FIELD	23d. LOCATION (City or Town) CelutreVIL		(State)
24. FUNERAL DIRECTOR	ADDRES ADDRES	S S 25g. REC'D	BY REGISTRAR 25b. REGISTRA	R'S SIGNATURE	total

MAKTLAND STATE DEPARTMENT OF HEALTH

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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papess. Pages 1 and should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours ofter deat Page 4 may be retained by the haspital ar attending physician.

> VR A15 (4) 25M 1/67

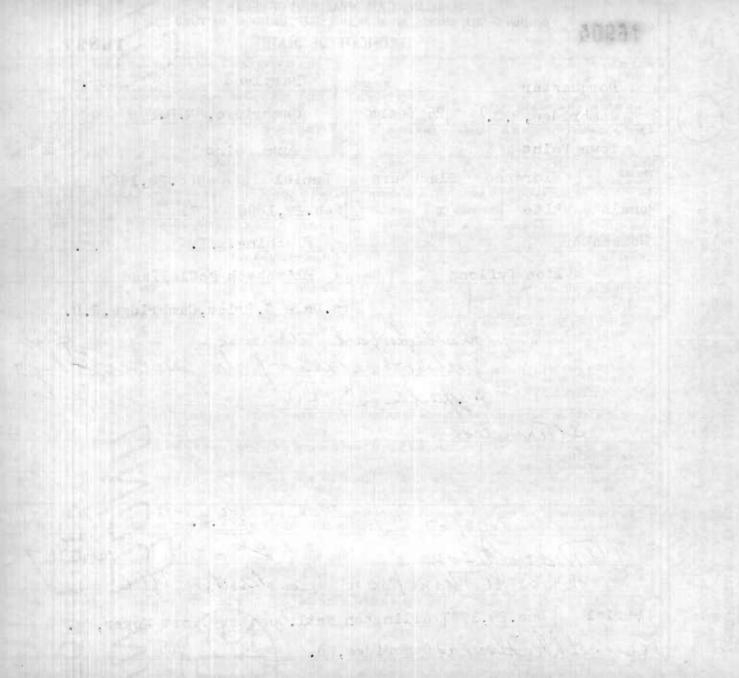
16904

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

16897

										200	. 0.7				
		PLACE OF DEATH					2. USUAL RESIDENCE (V				ice befare	admissio	n)		
	(	Dorche	gter		MARYLA	ND	o. STAMaryland b. COUNTY Dor.								
	t	b. CITY OR TOWN (If autside carparate limits c. LENGTH OF STAY IN 1b				16	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)								
1.	12	write RURAL and give no Cambri	dge R.D.1	2	25 Years		Cambri	idge	R.D.1			01	1		
1.	(	d. NAME OF HOSPITAL OR II			e street address)		d. STREET ADDRESS		9 = 11 - 1		е	ON A FA			
U		Town P	oint				Town F	oin			1	YES 😿			
		NAME OF DECEASED	First		Middle		Last	4. DATE	Man	th	Day	Yeo	r		
	(	(Type or print)	Florence	B1	lackburn		Daniel	OF DEAT	Dec. 26.	1967		19			
				ARRIED [	NEVER MARRIED		B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.								
	ŀ	Temale Wi	hite   wit	DOWED 2	DIVORCED		'eb.27,189	6	71 yrs.	Martins	Dula	110013	141111.		
	10a.	. USUAL OCCUPATION (Give k	ind of wark dane		O OF BUSINESS OR		11. BIRTHPLACE (County &	& State, ar	areign country)		TIZEN OF DUNTRY?				
	uon	me most of working life, ever Home maker	i ii ieilieu)	INDU	JAIKT		Flushin	g,L.	I.		S				
	13.	FATHER'S NAME				100	14. MOTHER'S MAIDEN N	NAME				914.			
		Mil	Lton Dufl	ocq			Elizabe	th M	cclella	nd		1111			
	15.	WAS DECEASED EVER IN U.S.	ARMED FORCES?	16. 50	CIAL SECURITY NO.	17. 1	NFORMANT	P. 2001	Addr		-		3		
	(10.	s, no, ar unknawn) (If yes g	ive wal al dates of service	, ,		Mrs	Dale C.P	rice	. Cambri	dge.	R.D				
		1B. CAUSE OF DEATH (Er	nter only ane couse per	line far (a	i), (b), ond (c)	,	6	(			INTE	ERVAL BET			
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Securify Suelesse Thrence													
		DUE TO O													
		Conditions, if any, which gove is to immediate cause (a), (b) Cullival Thromboxist Tollal pulalize Fildage													
		stating the underlying cause DUE 10 Al A													
		last.	(c) <u>/</u>	3/10	Ullus	C	V VC U				ge	ay			
1	8	PART II. OTHER SIGNIFICAN	NT CONDITIONS CONTRIB	HE TERMINAL DISEASE CON	NDITION GI	VEN IN PART 1(a)			WAS AUTO PERFORM						
+	S	31						YE	S	NO A					
	CERTIFICATION	20a. ACCIDENT WAS UNDER! OR CONTRIBUTING ☐ CAUS	JRRED. (	Enter nature af injury in f	Part I ar P	art II af item 1B.)									
	<u> </u>	(IF EITHER, NOTIFY MEDICAL													
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLA Haur a.m. While Not While					E OF INJURY (Home, farm ary, street, office bldg., etc.)		(City or town)	(Co	unty)	(	Stote)		
	2	p.m.	19	at work		Tuere	, sir oci, orrice biog., etc.)								
			t (I) (this hospital)					367	10/2/26				we) last		
		saw the deceased alive on $126/6719$ , and that death accurred at $279$ M, from causes and an the date stoted above.													
		220. SIGNATURE 22b. DATE SIGNED 22b. DATE SIGNED													
		22c. PHYSICIAN'S DIRECTOR PHYS.   12/16/67													
		NAME (Type)	mos Mi	The	om pso	n	Carela	nd	a M	d	'	/			
١	230	. BURIAL, CREMATION,	23b. DATE THEREOF	T	23c. NAME OF CEMETE	RY OR (	REMATORY	23d	OCATION (City or To	wn)	(County)	1 / 15	tote)		
	250	REMOVAL Specify)	Dec. 29,	1967					, ,		(200111))	(3			
	24	FINERAL DIRECTOR	10 - 1	-/01	ADDRESS	OII	Natl. Ceme	BY REGIS	TRAR 25b. RI	GISTRAR'S	IGNATUR	E			
	7	Server St.	& Thon	101	/ Cambrid				2 1968	West	relas	Just	50		
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201. 16898% MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY o. STATE b. COUNTY delay is and 3 ta Maryland Dorchester Caroline MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)

Nr. Cambridge c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) State Deportment c. LENGTH OF STAY IN 1b PM3. 1 Min. Preston e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS pleose execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, I director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm alang with farm Choptank River bridge Rt. 50 Box 233 Rt. 2 (Choptank) XESCHEST NO X be executed within 24 haurs after death. 3. NAME OF Middle DATE Day Year DECEASED William 67 Henry Deen DEATH December (Type ar print) 9. AGE (In years IF UNDER YEAR IF UNDER 24 HRS 8. DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthday) Haurs Dec. 21, 1916 White DIVORCED event within 72 hours after death. WIDOWED Maile 10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if refired to Chemical Corporation Caroline Co., Maryland 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Elbert Deen Clara Wright 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ot unknown) (If yes give war or dates of service) Dorchaster County Sheriff, Cambridge, Md. Unknown 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Multiple injuries, severe Instant IMMEDIATE CAUSE (a) \_\_\_\_ MEDICAL EXAMINER: This certificate shauld DUE TO in any Conditions, if ony, which gave rise ta immediate cause (a), farwarded ta DUE TO stoting the underlying couse and as 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) burial, cremation, ar remaval, CERTIFICATION YES TO pe 20a. EXTERNAL CAUSE WAS PRIMARY M or CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 ar Part II af item 1B.) 3 shauld Driver of car which hit bridge and plunged into water. 20d. INJURY OCCURRED 2 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor Bridge Nat While at wark 12.02 AM 12-22-19 67 FUNERAL DIRECTOR: Page Cambridge Dor. Md. 2]. I certify that I took charge of the remains described above, held an Autopsy [X]. Inspection Inquiry ond in my opinion far Accident II. Undetermined manner death resulted fram: Natural causes Suicide . Homicide | funeral directar. may be retained CHIEF MEDICAL FXAMINER Health prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** DEPUTY MEDICAL EXAMINER John Mace Jr. 12/22/67 Address (Street, city, tawn, or county) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (Caunty) 23b. DATE THEREOF 23a. BURIAL, CREMATION, 50 Dec. 24, 1967 Preston, Maryland Junior Order Cemetery 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR warles VR A15ME (5) Framptom and Son, Federalsburg, Maryland DATE DEC

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J. J. Exampton and Son, Federalthurs, Maryland

1	4.50	DIVISION		ARYLAND STATE DE ECORDS, 301 W. PRES				LAND 21201			
1	1690	10		ICAL EXAMINER'					1689	9.0	
ノー	PLACE OF DEATH a. COUNTY	Dorcheste	er	MARYLAND	0	JSUAL RESIDENCE (WI	and	ь. cou D	itian: Residence INTY	before odm	
	b. CITY OR TOWN write RURAL or	(If outside corporate limits delive negress town)	5,	entire li		ITY OR TOWN (If outs	ide corporot	e limits, write RL	JRAL ond give (	neorest towr	19-1
	d. NAME OF HOSPI	TAL OR INSTITUTION (If no Rural	ot in hospitol, g	give street oddress)	d. 5	Rural		100		e. IS R ON YES T	ESIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)		rst	Middle Melvin	E	Lost	4. DATE OF DEATH	Mar Dec.5.		Day	Year 19
S.	SEX	6. COLOR OR RACE White	7. MARRIED		8. DA	TE OF BIRTH	9.	AGE (In years lost birthdoy)	IF UNDER 1		DER 24 HRS
10 dy		N (Give kind of work done	10b. KI	ND OF BUSINESS OR IDUSTRY		BIRTHPLACE (Stote of Elliott			12. CITIZ COUL	ZEN OF WHA	T
	3. FATHER'S NAME	dmond J. F	Elliot	t	14.	Mother's Maiden No.		ore			
1:	S WAS DECEASED EV	ER IN U.S. ARMED FORCES? (If yes give war or dotes of	16.	SOCIAL SECURITY NO. 1	7. INFOR			Add		tt Me	1
	18. CAUSE OF I PART I. DE 420/ Canditions, if an	DEATH (Enter only one country was caused by: IMMEDIATE CAUSE DUE  y, which gove	(a) Co:		11					INTERVAL ONSET AN INST	BETWEEN
	rise to immedia	erlying cause	(c)	TO DEATH BUT NOT BELATED.	TO THE T	Chainal Dicrace Coall	DITION CIVE	I IN DADT 1/o)		19. WAS	AUTOPSY
CATION	PART II. OTHER			TO DEATH BUT NOT RELATED	en al					YES T	ORMED?
MEDICAL CERTIFICATION	20o. EXTERNAL C PRIMARY ☐ or C CAUSE OF DEATH			SCRIBE HOW INJURY OCCURR							
MFDICA	P	.m. 19	While ot war	Nat While at work	foctory, st	INJURY (Home, form, treet, office bldg., etc.)	20f.	(City or town)	(Coun	ify)	(Stote)
		fy that I took charg Ited from: Notur		moins described obove,		, Homicide CHIEF MEDICAL I	XAMINER	determined r	quiry χ,		my opini
	SIGNATUREEXAMINER'S NAME (Type)	John Mac	e Jr.	my	<u></u>	D. ASSISTANT MEDI- DEPUTY MFDICAL Address (Street,	L EXAMINER .	Val	12/0	5/67	
2	30. BURIAL, CREMAT		EREOF - 7,1967			atory emorial	23d. 10	CATION (City or I	idge,	County) Md.	(Stote)
5	21. FUNERAL DIRECT	OR 11 10	necas	ADDRESS	,Md.		C 8		registrár's sic		ege.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 6900 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE MARYLAND OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autode carporate limits, write RURAL and give negrest tawn) write RURAL and give negrest town) popers. hin 72 hou filled in d. NAME OF HOSPITAL OR INSTITUTION of nat in haspital, give street address IS RESIDENCE ON A FARM? d. STREET ADDRESS YFS NO DE corbon NAME OF X First 4. DATE Day Year DECEASED 1967 and in any event, (Type or print) DEATH SEX IF UNOER 1 YEAR IF LINOFR 24 HRS 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** OATE OF BIRTH AGE (In years last birthday) 82 yrs Manths Oavs Haurs WIDOWED DIVORCED and 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY 2 attending physicion permit. Then pleose . S. C ousewife. 14. MOTHER'S MADEN NAME 13. FATHER'S NAME removal WAS DECEASED EVER IN U.S. ARMED FORCES? Medicare No. INFORMANT Address (Yes, pa, ar unknown) (If yes give war or dates af service) 0 MAKHOWN 221-10-0331 buriol, cremotion, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: buriof-transit ONSET AND DEATH IMMEDIATE CAUSE (a) þ O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or ottending physician. DUE TO signed ! Conditions, if ony, which gave rise to immediate cause (a). DUE TO for use os the li Health priar to b stating the underlying cause peen (c) WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) this certificate hos PERFORMED? NO 20o. ACCIOENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 5 detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or tawn) (County) (State) Hour o.m. factory, street, affice bldg., etc.) Not While at wark to ollie. 5-2]. I certify that (1) (this haspital) attended the deceased from 7/60.22 1967 director, page 3 should should be filed with the 1967, and that death accurred at 524, M, from causes and an the date stated above. TO FUNERAL DIRECTOR: saw the deceased alive an\_ 22a. SIGNATURE 22b. DATE SIGNED STAFF OIRECTOR M.D. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23b. OATE THEREOF 23d. LOCATION (City or Town) (County) ellow 25a. REC'O BY REGISTRAR VR A15 DATEDEC 8

bottor. STATE OF STA 16908

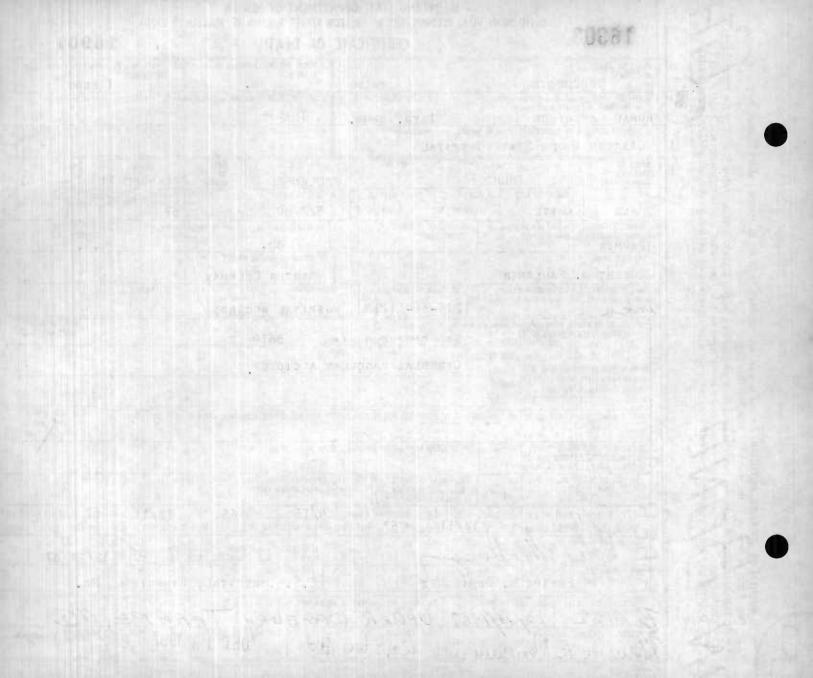
## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

## CERTIFICATE OF DEATH

16901

		PLACE OF DEATH				144	2. USUAL RESIDENCE (	Where deceose	ed lived, if institut	ion: Residen	ce before o	odmission)
-	(	o. COUNTY	CHESTER		MARY	LAND	o. STATE		b. COU		LBDT	
			If outside corporate limits		c. LENGTH OF STAY IN		c. CITY OR TOWN (If or		e limits write RII			nwn)
Aga	F	write RURAL one	give neorest town)	1			TRAPPE	orong corporor	0 mm,, m, m	Arte one gree	1900	
~		RURAL CAM	ALOR INSTITUTION (If no	A 1- 1ia-	1 YR. 8 N	10.	d. STREET ADDRESS				9	IS RESIDENCE
1	(		SHORE STATE				d. STREET ADDRESS				1100	ON A FARM?
			SHORE STATE	- 1105							YE	NO NO
13	1	NAME OF DECEASED (Type or print)	Fii THO		Middle	F	AULKNER	4. DATE OF DEATH	Mon DECEMB		Doy	Year 19 67
340	S. S	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	П	B. DATE OF BIRTH	9.	AGE (In years	IF UNDER		FUNDER 24 HRS.
		MALE	WHITE	WIDOWE			3/2/00		lost birthdoy) 67 yrs.	Months		Hours Min.
		. USUAL OCCUPATION ng most of working FARMER	I (Give kind of work done life, even if retired)	10b.	KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (County	& State, or for	eign country)	(0	TIZEN OF V UNTRY? • S •	VHAT
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			-7	
		ROBERT J	. FAULKNER				MARTHA Co	LEMAN				
- 1			R IN U.S. ARMED FORCES?		6. SOCIAL SECURITY NO.	17. 1	NFORMANT		Addr	ess		
		s, no, grunknown)	(If yes give wor or dotes o	t service)	215-38-11114	H	OSPITAL REC	ORDS				
	Ť		ATH (Enter only one cou			1 '	OO. TIME REC	01103			INTER	VAL BETWEEN
			TH WAS CAUSED BY:		BRONCHOPNEUM	ONIA	3614				ONSET	AND DEATH
177		33/X	IMMEDIATE CAUSE	(0)	Not on one Negot	, 211 17		A. J. Contract	- 200			
	1/4	Conditions, if any,	which mays >		CEREBRAL VAS	CULA	R ACCIDENT					
		rise to immediat	e couse (o), (							100		
		stoting the under	riying couse	(c)								
		PART II. OTHER SI	GNIFICANT CONDITIONS C		G TO DEATH BUT NOT RELA	ATED TO 1	HE TERMINAL DISEASE CO	NDITION GIVE	N IN PART 1(o)		19. W	AS AUTOPSY
-1	ATION								de		YES	NO
	CERTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)	20b.	DESCRIBE HOW INJURY OF	CURRED.	Enter noture of injury in	Port I or Port	II of item 18.)	75EE		
	MEDICAL		JRY Month, Doy, Yeor		. INJURY OCCURRED		E OF INJURY (Home, form		(City or town)	(Co.	inty)	(Stote)
	W	Hour o.n	10		nile Not While of work	tact	ory, street, office bldg., etc.	1	£.			
1	1	21. I certif	fy that (I) (this has	pital) atte	ended the deceased	fram	4/15	19.66 , to	12/4	1196	7, that	(I) (we) last
			eceased aliveran_		/11 19 67, 0	nd that	death accurred at	M	, fram causes	and an th	ne date	stated abave.
		22a. SIGNATURE	. 1h	11	Variable Control		ATTENDING -	MED.	STAFF	22b. D/	ATE SIGNED	
	3	11.90	ld M. K	Long	m	M.D	. PHYS.	DIRECTOR	PHYS.	1 12	/11/	67
1		22 c. PHYSICIAN'S NAME (Type)	FELIPE M.	DOMI	NGUEZ		E.S.S.HD	SPITAL	, CAMBRI	DGE , I	MD.	
1	230	. BURIAL, CREMATIC		REOF	23c. NAME OF CEME	TERY OR	EREMATORY .	23d. LO	ATION (City or To	wn)	(County)	(Stote)
()	1	REMOVAL (Specify	12/19	4196	7 UPPFI	? (:	BAMBURU	ITI	PAPT	E.	MI	
1	24	FUNERAL DIRECTO		119	ADDRESS	1		D BY REGISTR	AR 10(25). RI	GISTRARS	IGNATURE	Yange
4	1	Marison	E. Nount	21114	JM 6A3-	ton	Med DATE	DEC 1	3 1001	1	(	10
	1 1	1 - 0000	. I WAAAIN	WW -1								

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, ar removal, and in any event, within 72 hour after death. Pages 1 and 2 IO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after deoth. Page 4 moy be retained by the hospital or attending physicion.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16909 16902 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death. death puo 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) the funerol 1. PLACE OF OEATH b. COUNTY a. COUNTY Maryland Queen Anne Dorchester MARYLANO b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Cambridge c. CITY OR TOWN (If outside carporote limits, write RURAL and give neorest town) CLENGTH OF STAY IN 1h Grasonville davs e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS hilled Post Office Eastern Shore State Hospital NO X 4. DATE NAME OF Middle Manth Year corban DECEASED (Type or print) 1967 za beTh uld DEATH event, IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months last birthday) Negro WIDOWEO DIVORCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during mast af warking life, even if retired) **INDUSTRY** COUNTRY? Queen Anne COOK 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal, Lillian Wilson Charles Scott.Sr. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, na, or unknawn) (If yes give war or dates af service Marvel Gould Grasonville, Maryland 214-26-1384 18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the buriol tronsit p ONSET AND DEATH Accident ascular Cerebro IMMEDIATE CAUSE (a) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital ar attending physicion. DUF TO Conditions, if any, which gave (b) rise to immediate cause (a), DUE TO stating the underlying couse SD 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES X NO 20b. OESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (State) 2Dd. INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Haur a.m. at wark **DIRECTOR:** After 19 to 19\_\_\_, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that deoth occurred of\_\_\_\_ M, from causes and on the date stated above saw the deceosed alive on\_ 22b. DATE SIGNED 22o. SIGNATURE M.O. DIRECTOR 22d. ADDRESS TO FUNERAL State NAME (Type) FFRAIN director, shauld b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23a. BURIAL, CREMATION, Robinson Grasonville 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY b COUNTY MARYLAND SOMERSET MARYLAND DORCHESTER b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) CAMBRIDGE (RURAM 7 MONTHS PRINCESS ANNE IS RESIDENCE ON A FARM? .⊆ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS paper filled YES NO EASTERN SHORE STATE HOSPITA 201 HAMPDON AVE 3. NAME OF 4. DATE × Middle Last Manth Year Day DECEASED 6 19 67 Car (Type or print) HALL DEATH DECEMBER MAF S. SEX IF UNDER 24 HRS 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED B. DATE OF BIRTH **NEVER MARRIED** remave last birthdoy) Months Days Hours and in any DIVORCED WIDOWED 07-11-88 NEGRO and 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) physician a during most of warking life, even if retired) COUNTRY? INDUSTRY USA HOUSEWORK MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remaval, attending p permit. The REBECCA MORRIS HENRY MORRIS IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, na, or unknawn) (If yes give war or dates af service RECORDS OF THE EASTERN SHORE STATE HOSPITA NO cremation, 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c), INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) þ be retained by the hospital ar attending physician. DUE TO signed burial, Conditions, if ony, which gave (b) rise to immediate couse (a). DUE TO stoting the underlying couse as the last 19. WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH State Dept. of detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Hame, farm, (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20f. (County) (Stote) Hour a.m. factory, street, office bldg., etc.) While Not While at wark at work **DIRECTOR:** After 21. I certify that (I) (this haspital) attended the deceased from 05-01 sow the deceased alive on 12-06-1957, and that death 67 to 12-06 +:05 M, from couse: 19\_67, that (I) 0 M, from couses and on the date stated above and that death occurred at sow the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED STAFF M.D. DIRECTOR PHYS. PHYS. filed 22d. ADDRESS Page 4 may 22c. PHYSICIAN'S director, pur FUNERAL NAME (Type) EASTERN SHORE STATE HOSPITAL CEMETERY OR CREMATOR' 23g\_BURIAL CREMATION (County) (State) 0 2Sb. REGISTRAR'S SIGNATURE SUNERAL DIRECTOR BY REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATE 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY orchester delay c. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 RURAL and puo M3. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS in pencil in Item 18. Give Poges 1, Examiner's Office alang with farm YES NO V be executed within 24 hours after death. State NAME OF Middle 4 DATE Month Lost Day Year DECEASED OF DEATH (Type or print) 19 File pages 1 and 2 with IF UNDER S. SEX 6 COLOR OR RACE DATE OF BIRT yeors 7. MARRIED NEVER MARRIED Months birthday) Dovs Hours WIDOWED DIVORCED event within 72 hours after death 10b. KIND OF BUSINESS OR BIRTAPLACE (States or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT ring most of working life, even if retire of crasman FATHER'S NAME MO HER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN the Chief Medical (Yes, no, or unknown) (If yes give war or dates of service pending" 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY Instant Coronary occlusion IMMEDIATE CAUSE (a) This certificate shauld please execute the certificate, writing the word DUE TO any Conditions, if any, which gove (b) 0 rise to immediate cause (a), = DUE TO stoting the underlying couse D. farwarded puo last. SD nsed 19. WAS AUTOPSY PERFORMED? remayal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO X pe 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 3 shauld PRIMARY Or CONTRIBUTING crematian, or CAL EXAMINER: CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) Hour o.m. factory, street, office blda., etc.) FUNERAL DIRECTOR: Page Not While at work at work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection x Inquiry and in my apinian death resulted from: Natural causes 🔀 Suicide . Accident Hamicide Undetermined manner retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED SIGNATURE Health prior 12/11/67 TO DEPUTY may be necessary, DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) Cambridge. John Mace Jr. M.D. Md. VR A15ME

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16912 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY Dorchester b. COUNTY o. STATE Maryland Caroline MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carporate limits, write RUBAL and give nearest tawn) c. LENGTH OF STAY IN 16 Federalsburg 2 years e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS Belle Haven Nursing Home YES NO X 3. NAME OF Middle 4 DATE Month First Lost Day Year DECEASED CHARLES **EDWARD** HARRIS December 19 19 67 (Type or print) DEATH IF UNDER 1 YEAR S SEX 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. 7. MARRIED lost birthdoy) Hours Male White April 15, 1900 WIDOWED X DIVORCED 1Da. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT durant of washing the religion of Maryland Plastics, Inc. COUNTRY? Pennsylvania 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME F. William Bigler Harris Anna Belle Walker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, Stunknown) (If yes give wor or dates of service) 217-09-5349 Mrs. Anna Belle Pippin, Denton, Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY: ONSEL AND DEATH IMMEDIATE CAUSE (a) Cerebral Vascular Accient (thrombosis) DUE TO Arteriosclerosis c Incompetance 15vrs Canditians, if ony, which gove Cerebral rise to immediate cause (a), DUF TO stoting the underlying couse (c) Generlaized Arte insclerosis 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Residual Right Hemiplegia Loss of left lower leg NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 2Do. ACCIDENT WAS LINDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2De. PLACE OF INJURY (Home, form, (City or town) (County) (State) 2Dc. TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED Hour o.m. factory, street, office bldg., etc.) Not While of work of work 21. I certify that (I) (this haspital), attended the deceased from 11 17 65, 19 ta 10/10/19 19, that (I) (we) last saw the deceased glive an 19/10/19 , and that death occurred at 5:30 PMram causes and on the date stated above. saw the deceased alive an\_

220. SIGNATURE

22c. PHYSICIAN'S

NAME (Type)

ATTENDING 22d ADDRESS MED. DIRECTOR

22b. DATE SIGNED PHYS.

23o. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE THEREOF Dec. 21, 1967

B. Plummer

23c. NAME OF CEMETERY OR CREMATORY

Preston Jaryland

23d. LOCATION (City or Town)

24. FUNERAL DECTOR J. Framptom and Son, Federalsburg, Maryland DATE

arold

Hill Crest Cemetery

M.D.

Federalsburg Maryland
SISTRAR 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR

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be retained by the hospital or attending physician.

ATTENDING

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16906 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. funeral 1 and and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE MARYLAND X b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest (pwn) hours Ambrid 90 .⊆ papers d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled i CASTERN Shore STATE he SADEAKE NO X and in any event, within YES NAME OF DATE remave carban Year DECEASED (Type or print) DEATH IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** Haurs WIDOWED DIVORCED 1Da. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT BIRTHPLACE (County & State, or fareign country) physician a during mast af working life, even if retired) INDUSTRY SCATOCO LUDRKO 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval, ste 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes give wor or dates af service (Yes, na, or unknown) INTINUIN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate couse (o), DUE TO stating the underlying cause certificate has been State Dept. of Health prior to use as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) DIRECTOR: After this Haur a.m. factory, street, affice bldg., etc.) Not While at work 1967, ta\_ 12-6, 19 67 that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram filed with the 19 67, and that death accurred at 3 35 M, fram causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR be filed 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL NAME (Type) director, Shauld 23b. DATE THEREOF 23a, BURIAL, CREMATION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawg) (County) 2 2Sa. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 DATE

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Page 4 may be retained by the hospital ar attending physician.  To HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital ar attending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directar, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauld be filled with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after death the shauld be filled with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after death.	IS. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of service)	16. SOCIAL SECURITY NO. 17. IN	FORMANT + Mo	Address Av	12/ Dola
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OR: OR: OR: OR: OR:		saw the deceased alive on	196/, and that	death accurred	2M, fram/causes and an	
R A rete		220 SIGNATURE	m.D.	ATTENDING MED. DIRECTO	STAFF C	DATE SIGNED
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O HOSPIT Page 4 m O FUNERA director, I	230	BURIAL, CREMATION 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	REMATORY 23	LOCATION (City of Town)	(County) (Stote)
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 16914 FOR STATE HEALTH-DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY b. COUNTY Dorchester Maryland Dorchester MARYLAND delay b. CITY OR TOWN (If outside carporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) and write RURAL and give nearest town) PM3 Cambridge Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENC Cambridge Marvland HospitalDOA 610 Chesapeake Court State NO X in Item 18. Give Pages This certificate shauld be executed within 24 haurs after death. NAME OF Middle 4. DATE Year DECEASED George Jackson 1967 December (Type or print) DEATH 9. AGE (In years IF UNDER IF UNDER 24 HRS S. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED X NEVER MARRIED lost birthdoy) Months Dovs Hours Male Negro any event within 72 hours after death WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY driver Florida Laborer ruck ward "pending" in pencil in the Chief Medical Examiner's pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Willie E. Jackson Rosalie Jackson 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. 263-48-0442 Bernice Jackson Cambridge, Md. No INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Hemorrhage DUF TO Stab wounds chest into lung. 15 mins. Conditions, if ony, which gove rise to immediate couse (a). = DUE TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) remaval, please execute the certificate, NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 3 shauld PRIMARY X or CONTRIBUTING Was stabbed with knife by another person. CAUSE OF DEATH 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldq., etc.) of work FUNERAL DIRECTOR: Page Home Cambridge. Dor. 21. I certify that I taok charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian Undetermined manner Hamicide X death resulted fram: Natural causes Accident Suicide CHIFF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health priar SIG NATURE 12/5/67 DEPUTY MEDICAL EXAMINER John Mace Jr. M.D Address (Street, city, town, or county) Cambridge . Md. 23c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d. LOCATION (City or Town) (State) 0 FLA PALMETTO PALMETTO 250. REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE ADDRESS VR A15ME (5) 1967 CAMBRIDGE. MD. 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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		CERTIFICATE	OI DEATH		10911	
	PLACE OF DEATH			Where deceosed lived, if instituti		ission)
	o. COUNTY DORchesto	2 R MARYLAND X	mary	land b. cour	Talhat	
	b. CITY OR TOWN (If outside carporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (1) ou	tside carporote limits, write RUF	AL ond give neorest town	)
C	ambridge (rura	() Tyears 5 mont	Eastor	1	20-2	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in )		d. STREET ADDRESS		e. IS R	ESIDENCE A FARM?
	Eastern Shore Statet	las			YES [	NO 🗆
	NAME OF First	Middle	Lost	4. DATE Mont	h Day	Year
	(Type or print)	M HALL	Jesse	DEATH 14		1967
0.	Alain links to		B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Days Hau	DER 24 HRS.
	THE THE PERSON NAMED IN	IDOWED DIVORCED	10.7.188	86 yrs.		
10a	. USUAL OCCUPATION (Give kind af work dane ng most of working life, even if retired)	10b. KIND OF BUSINESS OR NOUSTRY STEED	11. BIRTHPLACE (County	& State, or foreign country)	12. CITIZEN OF WHAT	
	NO UNICA	nonisted	TIKGI	NIA	I U.SA	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN I		17-	
10	WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT	DeJarne		
(Ye	s, no, ar unknown)/(If yes give war ar dates of serv			State Hospital		Jan A
VI	VKOWIV	- IFV	lein Invie	1102 1112C	Interval	
1	<ol> <li>CAUSE OF DEATH (Enter only one cause pe PART I. DEATH WAS CAUSED BY:</li> </ol>	D			ONSET AN	
	4201 MMEDIATE CAUSE (a) _	Dranch of 1 phe	un or	9		
	Conditions, if any, which gove	Conna Hea	of dis	200	53	
	nse ta immediate cause (a),			-/\		
	stoting the underlying couse (c)					
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)	19. WAS A PERFO	UTOPSY
CERTIFICATION					YES	NO
TIFIC	20o. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED. (	Enter noture of injury in	Part I or Part II of item 18.)		
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o.m.		E OF INJURY (Hame, farmary, street, office bldg., etc.)		(Caunty)	(State)
ME	p.m. 19	While at work factor	1 2	h -	24	
	21. I certify that (I) (this hospital	attended the deceased fram		958, to Uccember	4, 19 <u>6</u> /, that (1)	(we) lost
	saw the deceased alive an Deca	mber 21 19 6 1, and that	death accurred at	AM, from causes		ted obove
9	22a. SIGNATURE		ATTENDING	MED. STAFF	22b. DATE SIGNED	1
	22c. PHYSICIAN'S	M.D	PHYS. L	DIRECTOR L PHYS.	1/100-612	6 /
	NAME (Type) PRAUR	ieckert	1 1 -	New Man	- had Mod	
230	. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	CREMATORY	23d. LOCATION (City or To	wn) (County)	(State)
	REMOVAL (Specify) Dec 23 1	967 Jesse Family	Cemetery	Epping For	rest, Virgin	nia
	. FUNERAL DIRECTOR	ADDRESS	25g. RECT		GISTRAR'S SIGNATURE	16
	eCompte Funeral Service	ce. Camoriage. Mar	yland NFC	2 / 130/ 1	77 0	3

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in by director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. P should be filed with the State Dept. af Health prior to buriol, cremation, or removol, and in any event, within 72 hour Poge 4 moy be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16919 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 haurs after death funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE b. COUNTY after DORCHESTER MARYLAND DORCHESTER ges b. CITY OR TOWN (If autside carporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give neorest town) write RURAL and give nearest tawn) CAMBRITICE CAMBRIDGE - RURAL LIFE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? CAMBRIDGE MARYLAND HOSPITAL. INC. within w RFD YES NO Y carban 3. NAME OF First Middle 4. DATE Doy Year DECEASED LELTA and in any event, (Type ar print) WILSON JOHNSON DEATH DECEMBER S. SEX 6. COLOR OR RACE AGF (In years IF UNDER IF UNDER 24 HRS 7. MARRIED NEVER MARRIED DATE OF BIRTH remave last birthday) Months Doys Hours PEMALE NEGROTO WIDOWED T DIVORCED JAN. 23. 1909 pup 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT physician a during mast of working life, even if retired) INDUSTRY COUNTRY? DORHESTER CO. . MD. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remova LEVI WILSON LOUISA THOMAS IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, ar unknawn) (If yes give war ar dates of service) 219-16-3926 ELISWORTH WILSON CAMBRIDGE, MD. crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH uremia IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital ar attending physician. DUF TO Arteriosclerotic Cardiovascular renal Canditians, if any, which gave rise ta immediate couse (a), DUE TO stoting the underlying couse prior to disease the (c) SD 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Health 1 Diabetes mellitus NO X certificate 20o. ACCIDENT WAS UNDERLYING T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II af item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) 20c. TIME OF INJURY Month, Doy, Year (County) factory, street, office blda., etc.) Haur a.m. at wark TO FUNERAL DIRECTOR: After 25. 19 67 to 21. I certify that (1) (this haspital attended the deceased fram Nov. and that death accurred at M. fram causes and an the date stated above saw the decease 220. SIGNATURE 22b. DATE SIGNED ATTENDING DEC. 9, M.D. DIRECTOR director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S FASSETT, ST., CAMBRIDGE, HD. M.D. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) MD. BIDITE BIL CAMBRIDGE DOR. 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR VR A15 (4) 1967 KU CAMBREDGE. MD.

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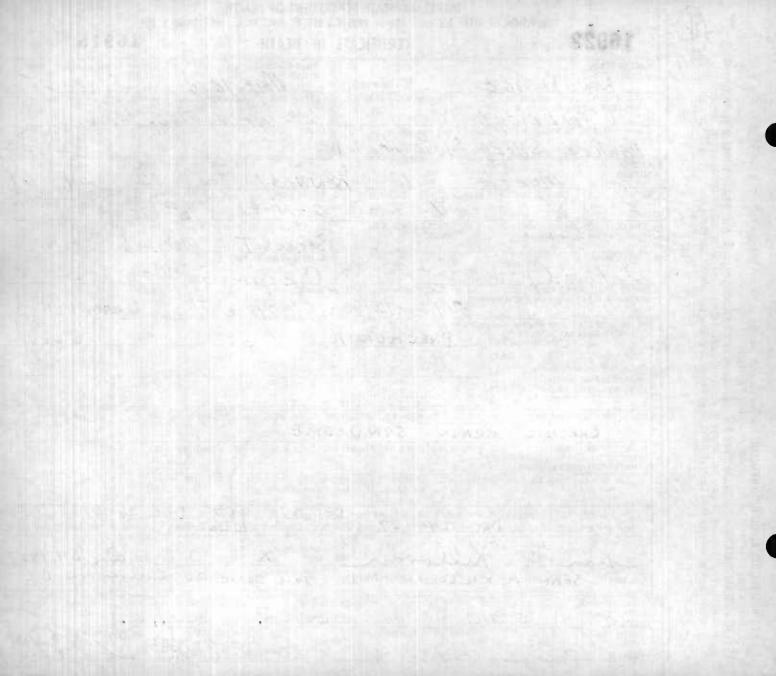
MARYLAND STATE DEPARTMENT OF HEALTH

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FOR STATE		16071		16914
HEALTH DEPT	1.	PLACE OF OEATH  DORCHESTER  MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residue) o. STATE b. COUNTY	dence before admission)  DORCHESTER
2, and 3 to PM3. Page sportment of	1	o. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)  RURAL CAMBRIDGE 5 MO.	c. CITY OR TOWN (If autside carparate limits, write RURAL and a	give nearest tawn)
T-E E		I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  ASTERN SHORE STATE HOSPITAL	d. STREET ADDRESS BELVEDERE AVE.	e IS RESIDENCE ON A FARMA YES NO
death	3.	NAME OF First Middle  DECEASEO Type or print)  BESSIE LANSON	Lasi 4. OATE Month OF DEATH DECEMBER	00y Year 18 19 67
rs after of 18. Give e along v 2 with that the notation of the	S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1  E MALE WHITE WIDOWED 1 DIVORCEO 1	8. DATE OF BIRTH 9. AGE (In years last birthdoy) Months 7/4/85 9. AGE (In years last birthdoy) Months	ER I YEAR   IF UNDER 24 HRS. Days Hours Min.
24 haurs I in Item 18 er's Office ges 1and2 a	10c dur	USUAL OCCUPATION (Give kind of work dane ng mortof working life, even if retired)  HOUSEWIFE, OWN HOME	11. BIRTHPLACE (Stote or foreign country) 12.	COUNTRY?
withir penci camin le page		FATHER'S NAME SAAC LAN SON	14. MOTHER'S MAIDEN NAME SARAH BLOCH	
		WAS DECEASED EVER IN U.S. ARMED FORCES? s, na, ar unknawn) (If yes give war ar dates af service) 167 – 01 – 7362A	INFORMANT Address HOSPITAL RECORDS	
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  1 N TESTINA L OBST	RUCTION	ONSET AND DEATH ONSET AND DEATH OAYS
the skill the d to a bu		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  (b)  DUE TO  (c)		
	NOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO  VERA CTURE NECK R. FEMUR	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
Thi ficate I be	I CERTIFICATION	20g. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ X CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED FELL IN HOSPITA		
3 = S = E	MEDICAL	8AM Hour a.m. L2/L4/67 While of work While XX Hos	ctary, street, office bldg., etc.)  PITAL  CAMBRIDGE	County) (Stote)
of Se to		21. I certify that I took charge of the remains described above, he death resulted fram: Natural causes XX Accident , Sui	icide, Hamicide, Undetermined manner	
FEULY MEDICA SSSARY, please ex- funeral director. To be retained JNERAL DIRECTOR. Ith or its design		ACTUAL SIGNATURE John Three L.	CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER   THE	22. DATE SIGNED
necessary, the funeral 5 may be 1 to FUNERAL Health or it	230	EXAMINER'S NAME (TYP)  BURIAL REMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	Address (Street, city, tawn, ar county)	L 2/L 8/67
10 10 17 16		Burjai Dec. 20, 1967 Congregat	ion Beth Shalom Pittsburg	h, Pa.
VR A15ME (5) 6M 1/66	1	Remett R Thomas for Lumbridge Md		les Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16922 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death uneral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town) write RUBAL and give nearest town) e. IS RESIDENCE ON A FARM? TAL OR INSTITUTION (If fat in haspital, give street address) nır. Inen piedse remove carban papel or removol, and in ony event, within 72 YES NO 3. NAME OF ottending physicion and completely to sermit. Then please remove carban Middle 4. DATE Month Year DECEASED OF DEATH 19 60 1 (Type or print) IF UNDER 1 YEAR S. SEX AGE (In years IF UNDER 24 HRS 6. COLOR 7. MARRIED NEVER MARRIED Months WIDOWED DIVORCED 10b. KIND OF BUSINESS OR , 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work dane 11. BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service) cremation, 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-tronsit ONSET AND DEATH PNEUMONIA IMMEDIATE CAUSE (a) Poge 4 moy be retained by the hospital or ottending physician. DUE TO burial, Conditions, if ony, which gove (b) rise to immediate cause (a), DUE TO stoting the underlying couse the filed with the State Dept. of Health priar to OS WAS AUTOPS' PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? SYN DROME CHRONIC BRAIN NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) 20c. TIME OF INJURY Manth, Day, Year (County) (State) factory, street, affice bldg., etc.) Haur a.m. Nat While TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram DEC 23 19 67 to DEC 24 1967, that (1) (we) last 24 19 6 7, and that death occurred at 10 35 AM, from causes and an the date stated obove. saw the deceased alive an DEC 220. SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS. 22d. ADDRESS NAME (Type) SEAN KILLORAH M.D. BLAIR RD WASHINGTON 7415 director, 23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (Caunty) REMOVAL (Specify) New Cathedral Cem. Md. **ADDRESS** 2Sa. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16923 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 16916 FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Maryland o. COUNTY b. COUNTY Dorchester Dorchester MARYLAND c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Life Cambridge Cambridge land 2 with the State Depart d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 210 Maryland Avenue DOA Cambridge Maryland Hospital NO X in Item 18. Give Poges This certificate should be executed within 24 hours ofter death. Office olong with Middle 4. DATE 3. NAME OF First Month Day Year Last DECEASED MARY LANTZ LOUISE Dec. 28, 1967 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthday) Months Haurs Female White Nov. 19, 1909 hours ofter deoth WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working lite even if retired) INDUSTRY COUNTRY? Cambridge, Maryland USA word "pending" in pencil in the Chief Medical Exominer's home burial-transit permit. File pages 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Oscar Moore Anna Etta Smith 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address event within 72 (Yes, na or unknown) (If yes give war ar dates af service) Mr. Wm. M. Lantz, Cambridge, Maryland unk 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Coronary occlusion writing the word DUE TO ony Conditions, if any, which gave rise to immediate cause (a), be forworded to DUE TO stoting the underlying couse Ö. puo 0.0 nsed 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ar removol, NO X please execute the certificate, pe 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 3 should should t PRIMARY Or CONTRIBUTING CAUSE OF DEATH. (City or town) (State) 2De. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Not While at wark Inspection X. 21. I certify that I took charge of the remains described above, held an Autapsy ... Inquiry , and in my opinion for Natural causes | x: Accident . Suicide . Homicide Undetermined monner death resulted fram: be retained CHIEF MEDICAL EXAMINER Health prior ta ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 12/29/67 FUNERAL DEPUTY MEDICAL EXAMINER X **EXAMINERS** John Mace Jr. M.D. Address (Street, city, town, or county) Cambridge. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. 23b. DATE THEREOF (County) (State) 00 REMOVAL (Specify)
Burial Dec 31, 1967 Dorchester Memorial Fark Cambridge, Maryland 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME 3 1968 LeCompte Funeral Service, Cambridge, Maryla nd DARLAN 6M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16924 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. uneral guo PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a STATE b. COUNTY DORCHESTER MARYLAND b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) 1 MONTH CAMBRIDGE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? = in any event, within 72 filled CAMBRIDGE MARYLAND HOSPITAL. NO TY 703 RIGBY AVENUE YES 3. NAME OF remave carban First Middle 4. DATE Year DECEASED (Type or print) JOSEPH LEWIS DEATH ANTHONY DECEMBER NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH lost birthday) Months Doys Hours DIVORCED WIDOWED JULY 31, 1967 MALE NEGROID pup 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or fareign country) during mast af warking life, even if retired) INDUSTRY COUNTRY? NORFOLK VA.

14. MOTHER'S MAIDEN NAME NONE TISA 13. FATHER'S NAME ar remayal. BERNARD HAROLD MARY BISHOP 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, ar unknown) (If yes give war ar dotes of service NONE MARY B. LEWIS CAMBRIDGE crematian. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH DIARRHEA IMMEDIATE CAUSE (a) DUE TO MALNUTRITION Conditions, if ony, which gove UND rise ta immediate cause (a), DUE TO stating the underlying couse Page 4 may be retained by the hospital or attending certificate has been Health priar ta 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO Y OR ATTENDING PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, form, (City or town) 20c. TIME OF INJURY Manth. Dov. Year 20d. INJURY OCCURRED (Caunty) (State) Hour o.m. foctory, street, office bldg., etc.) Not While 21. I certify that (1) (this haspital) attended the deceased fram. 1967, that (I) (we) last and that death accurred at A. M., fram causes and an the date stated above. saw the deceased alive on\_ 22o. SIGNATURE 22b. DATE SIGNED 14-ve 16 directar, pag shauld be file 22c. PHYSICIAN'S 22d. ADDRESS FUNERAL 610 Race St., Cambridge, Md. Alfred R. Maryanov, M. D. 21613 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) (Stote) REMOVAL (Specify)
BURIAL MD. 0 CAMBRIDGE 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 Melinelas

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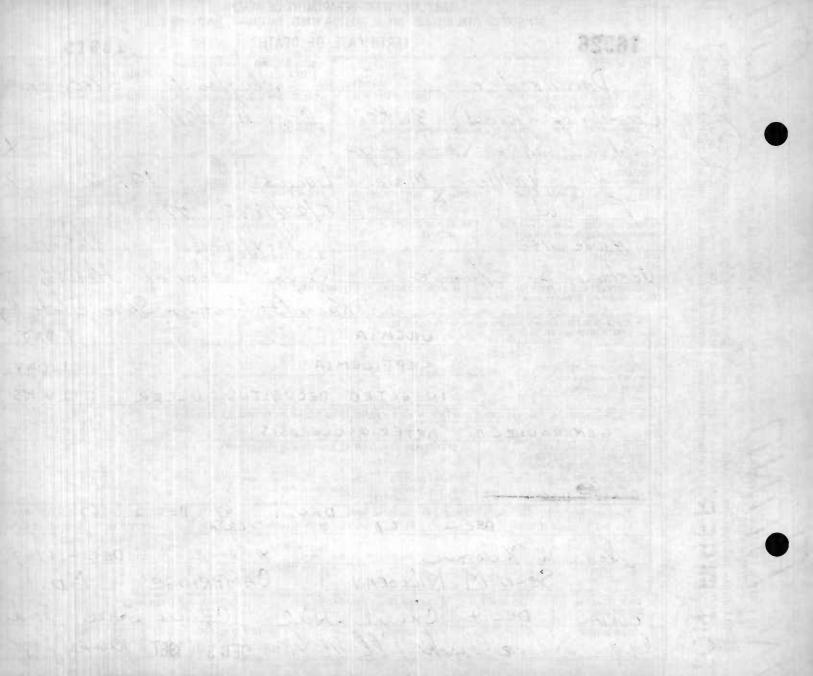
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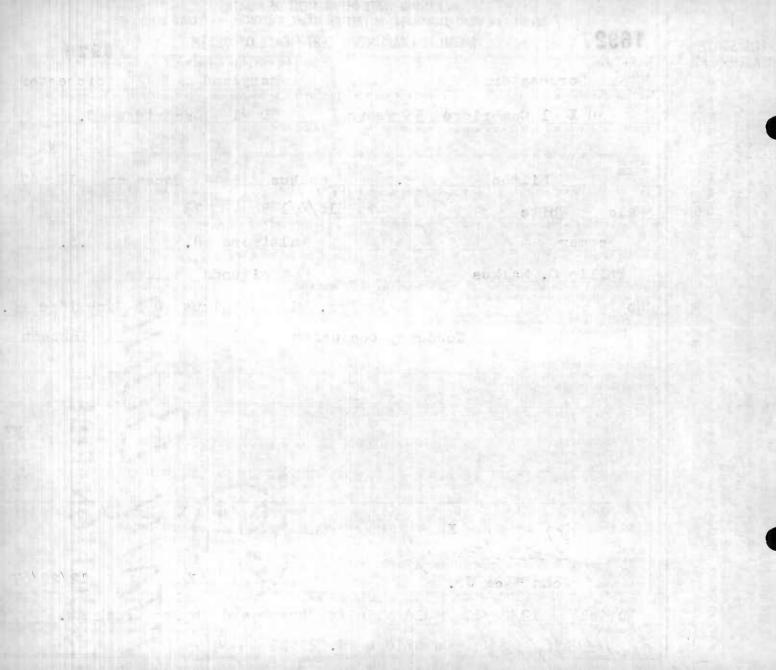
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16925 CERTIFICATE OF DEATH 16918 death. death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY QUEEN ANNE'S o. COUNTY DORCHESTER MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give negrest tawn) 2 MONTHS CHURCH HILL CAMBRIDGE RURAL The law requires that the death certificate be executed within 24 had d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? papel EASTERN SHORE STATE HOSPITA L NO XX Middle NAME OF First 4. DATE Lost Manth Day Year physician and campletely, en please remave carbon DECEASED 22 19 67 S (Type or print) BRADFORD LUCAS DEATH DECEMBER and in any event, IF UNDER 1 YEAR 9. AGE (In years IF UNDER 24 HRS S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED XX **NEVER MARRIED** last birthday) Months Doys Haurs WIDOWED DIVORCEO 08-06-85 WHITE MALE 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY MARYLAND RETIRED FA RMER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, or removal, attending phys UNITY MOORE JOHN LUCAS 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address permit. (Yes, na, ar unknown) (If yes give war ar dates af service EASTERN SHORE STATE HOSPITA 219-36-1582A RECORDS OF THE NO CAUSE OF DEATH (Enter only one cause per line for (a), PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ond (c). signed by the burial-transit IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUF TO ALIZED ARTERIOSCUCIOSIS Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying couse priar ta the has been last. (c) OS WAS AUTOPSY PERFORMED? PART HOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(q) use State Dept. of Health certificate OR ATTENDING PHYSICIAN: 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or tawn) (County) (Stote) Haur a.m. factory, street, affice bldg., etc.) Nat While at work O FUNERAL DIRECTOR: After pe 21. I certify that ( this haspital ) attended the deceased fram 19.6.7, that (1) ( last 0 and that death accurred at 750 a.M. fram causes and an the date stated above. saw the deceased alive an 12 196 22a. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS page 3 PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, shauld b 23c. NAME OF CEMETERY OR CREMATORY (Stote) BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) REMOVAL (Specify) URCH 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16926 CERTIFICATE OF DEATH 6919 The law requires that the death certificate be executed within 24 haurs after death uneral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY MARYLAND b. CITY OR TOWN (If outside carparote limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM paper in NO \* A NAME OF 4. DATE carbah Doy Year DECEASED OF DEATH (Type ar print) and in any event, S. SEX 6. COLOR OR RACE 9. AGE (In years IF LINDER 1 YEAR 7. MARRIED NEVER MARRIED lost birthday) Months Hours WIDOWED DIVORCED 1Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT please during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME or remayal, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknawn) (If yes give wor ar dates af service crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit UREMIA IMMEDIATE CAUSE (o) DUE TO SEPTICEMIA Canditions, if any, which gave DAY rise to immediate couse (a). DUE TO stoting the underlying couse as the priartal this certificate has been INFECTED DECUBITUS DLCER 2 WKS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? Health ARTERIOSCLEROSIS GENERALIZED NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Yeor 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) factory, street, office bldg., etc.) 21. I certify that (1) (this hospital) attended the deceased fram DEC 19 67 to DEC 2 , 1967 that (1) (we) last saw the deceased alive on DEC 2 19 6 7 and that death accurred at 6554M, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED M.D. PHYS. DEC PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S ILLORAN NAME (Type) AMBRIDGE director, p BURIAL, CREMATION, 23b. DATE THEREOF OR CREMATORY LACATION (City or Town) (County) REMOVAL (Specify) Dec. 4 2 REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR 2Sb. 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16927 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 169911 HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY delay is and 3 to Dorchester Maryland Dorchester MARYLAND permit. File pages land2 with the State Department b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Cambridge 55 years Cambridge Md. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS the Chief Medical Exominer's Office olong with form in Item 18. Give Pages YES X X NO This certificate should be executed within 24 hours ofter death. NAME OF Middle Last 4. DATE Day Year DECEASED OF DEATH Milton Malkus (Type ar print) December 7. MARRIED S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years NEVER MARRIED last birthday) Manths Days 10/6/1894 in ony event within 72 hours after death. Male Whi te WIDOWED DIVORCED 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during mast af warking life, even if retired) COUNTRY? INDUSTRY Baltimore Md. Farmer pencil 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Philip C. Malkus Kunigunda Foeller = 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, ar unknown) (If yes give war ar dates af service Mrs. Milton Malkus RD L Cambridge Md. INTERVAL BETWEEN
ONSET AND DEATH
Instant 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Coronary occlusion IMMEDIATE CAUSE (a). writing the word DUE TO Canditians, if any, which gave 4 should be forwarded ta rise ta immediate cause (a), DUF TO stating the underlying cause puo last be used 19. WAS AUTOPSY PERFORMED? or removol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) please execute the certificate, NOXX 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 3 should PRIMARY I or CONTRIBUTING I CAUSE OF DEATH cremotion, 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, 20f. (City or town) 20c. TIME OF INJURY Manth, Day, Year (State) Haur a.m. factory, street, affice bldg., etc.) Nat While may be retoined for your FUNERAL DIRECTOR: Page at wark at wark 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection X Inquiry X and in my opinian Naturol causes X Accident . death resulted from Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINERS 12/20/67 Mace John Health NAME (Type) Address (Street, city, tawn, ar county) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL CREMATION. 23b. DATE THEREOF (County) (State) 0 Old Trinity Churchyard Church Creek Md. 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 1967 REGISTRAR'S SIGNATURE VR A15ME (5) Cambridge Md. 21612 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16928 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1692 HEALTH DEPT 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY Dorchester o. COUNTY o. STATE Maryland Dorchester delay is ond 3 to MARYLAND b. CITY OR TOWN (If autside carparate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) puo PM3 27 Years Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? This certificate should be executed within 24 hours ofter death. If a crate, writing the word "pending" in pencil in Item 18. Give Poges 1, be forwarded to the Chief Medical Examiner's Office along with farm. On arrival Cambridge-Marvland Host. 1304 Hambrooks Blvd., land 2 with the State NAME OF Middle Last 4 DATE Year DECEASED OF DEATH Matthews Dec.26.1967 Thomas Beckman (Type or print) S SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Hours Aug. 27, 1904 Male White event within 72 hours ofter death WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Ret. Amusement machine operator Georgetown, S. Sarolina 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Ida Ham Franklin Matthews permit. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknawn) ((If yes give war ar dates af service) 16 SOCIAL SECURITY NO. 1304 Hambrooks Blvd. 17. INFORMANT 241-10-7056 Mrs. Thomas B. Matthews, Cambridge, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion DUE TO Canditians, if any, which gave rise to immediate cause (a), DUF TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) removol, NO pe 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 3 should PRIMARY Or CONTRIBUTING 0 CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) factory, street, affice bldg., etc.) Nat While may be retoined for your FUNERAL DIRECTOR: Poge at work 21. I certify that I taok charge af the remains described above, held an Autopsy , Inspection X Inquiry , and in my apinian Undetermined manner death resulted from: Natural causes X Accident Suicide [ Hamicide CHIFF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE 12/28/67 DEPUTY MEDICAL EXAMINER John Mace Jr. M.D Address (Street, city, tawn, or county) Cambridge. Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 0 REBUY Pegin Dec.29,1967 Dorchester Memorial Park, Cambridge, Md. 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME read Cambridge, Md. Markey 6M 1/67

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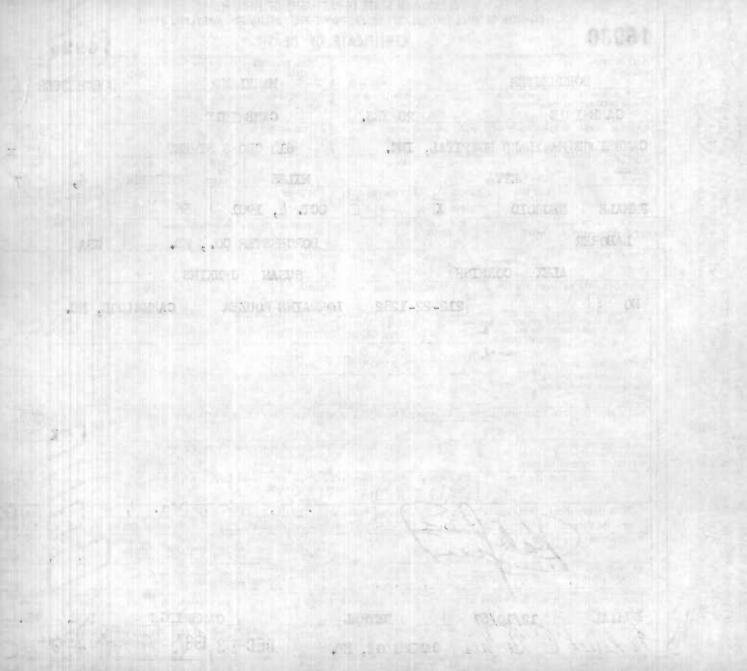
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death 24 hours after death, PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Dorchester b. COUNTY Maryland Dorchester MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Life Rural-Cambridge Rural-Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ve carbon papers event, within 724 d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Linkwood RFD Linkwood RFD YES X NO The law requires that the death certificate be executed within completely NAME OF First Middle DATE Last Month Oay Year DECEASEO NELLIE VIRGINIA MAY 19 67 (Type or print) OEATH Dec. 6. COLOR OR RACE 8. DATE OF BIRTH in any eve AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS | Ist birthday) | Months | Oays | Hours | Min. 7. MARRIEO NEVER MARRIEO Feb. 14, Female White 1895 Oays WIDOWEO [ DIVORCEO physician n please r 10a. USUAL OCCUPATION (Give kind of work done | 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even If retired) INOUSTRY COUNTRY? Dorchester Co., Maryland Housewife USA Home removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James C. Mears Martina LeCompte 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ermit. 0 (Yes, no, or unkown) (If yes give war or dates of service) Mr. Percy May, RFD, Linkwood, Maryland No has been signed by the at as the burial-transit pern prior to burial, cremation, 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSED BY: OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. 49212 IMMEDIATE CAUSE (a) OUE TO Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING [ 20b. OESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part I or Part II of Item 18.) etached f Dept. of OR CONTRIBUTING | CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 21. I certify that (i) (this hospital) attended the deceased from saw the deceased alive on Doc 19 6 /, and that death occurred ZM, from the causes and on the date stated above 228. SHENATURE OATE SPENEO ATTENOING Page 4 may t M.D. PHYS. OIRECTOR PHYS 22c. PHYSICIAN'S 224. AODRESS NAME (Type) 23d. LOCATION (City, town or county) BURIAL, CREMATION, REMOVAL (Specify) OATE THEREOF NAME OF CEMETERY OR CREMATORY (State) 26 Cambridge, Maryland 1957 Dorchester Memorial Park Burial **FUNERAL DIRECTOR** REGISTRAR 25b. REGISTRAR'S SIGNATURE LeCompte Funeral Service, Cambridge, Maryland VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16930 CERTIFICATE OF DEATH 6924 requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COLINTY a. STATE b. COUNTY DORCHESTER MARYLAND MARYT AND b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) CAMBRIDGE 20 YRS. CAMBRING E d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Filled CAMBRIDGE MARYLAND HOSPITAL, INC. 611 CROSS STREET YES NO withiy NAME OF First DATE pleose remove corbon Year DECEASED ETTA MILES DECEMBER ond in ony event, (Type or print) DEATH 19 67 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED birthdoy) Months Days Hours NEGROID OCT. 4. 1901 FEMALE WIDOWED X DIVORCED 1Da. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY DORCHESTER CO. . MD. TISA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removal, attending phys ALEX CORNISH SUSAN **JENKINS** 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give wor or dates at service) 212-22-1282 LORRAINE ROUZER CAMBRIDGE. MD. cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Obstruction Intestinal IMMEDIATE CAUSE (a) Adonocarcinoma of ovary Canditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying cause or ottending ATTENDING PHYSICIAN: The low last. 00 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING by the hospital OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (Stote) TO FUNERAL DIRECTOR: After this Hour 'a.m. factory, street, affice bldg., etc.) Nat While 1901 to Dec. 0, 19 (that (1) (we) last 21. I certify that (1) (this hospital) attended the deleased from 1100. Poge 4 moy be retained director, page 3 should should be filed with the and that death accurred at M, fram causes and on the date stated above. saw the deceased a 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR **ATTENDING** Dec. M.D. PHYS. PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) J HIGH STREET 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (State) MD. DOR. 12/10/67 BENHIDI CAMBRIDGE 24. EUNERAL DIRECTOR ADDRESS 25b, REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR VR A15 (4) CAMBRIDGE, MD.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Dorchester a. STATE Maryland b. COUNTY Dorchester MARYLAND b. CITY OR TOWN (if outside corporate limits, write RUBAL and give nearest town)
Rural-Cambridge c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) years Rural-Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Bucktown Road, RFD #2 Bucktown Road, RFD NO EC completely for carbon part event, within death certificate be executed within 3. NAME OF Middle Last DATE Month DECEASED 14, 19 67 ANNA MAE MOONEY MOORE Dec. (Type or print) DEATH 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS DATE OF BIRTH 7. MARRIED T NEVER MARRIEO last birthday) | Months | Days May 17, 1895 White Female WIDOWED OIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done physician n please r val, and in 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Sewing Factory COUNTRY? Dorchester Co., Maryland Machine Operator 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova James E. Mooney Estelle Hammond 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | Address 5 (Yes, no, or unkown) (If yes give war or dates of service) Mr. Orville Moore, RFD 2, Cambridge, Md. cremation, unk been signed by the the burial-transit or to burial, cremati CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH The law requires that the PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (C) as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? YES NO L 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) ached flept. of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL (County) (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While at work at work retained DIRECTOR: Age 3 should lied with the 9 pinou 21. I certify that (I) (this hospital) attended the deceased from M, from the causes and on the date stated above. saw the deceased alive on and that death occurred at-22a. SIGNATURE 22b. DATE SIGNED page PHYS. OIRECTOR PHYS. M.O. Page 4 may 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) tor. director should DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION. 23b. REMOVAL\_(Specify) 0 Dorchester Memorial Park Cambridge, Maryland Buria REC'D BY REGISTRAR | 25b. 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LeCompte Funeral Service, Cambridge, Maryland VR A15 (4) 20M 1/65

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Accompte Survey dervice, Carbridge, Massard Land Lage Edit & Hall

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

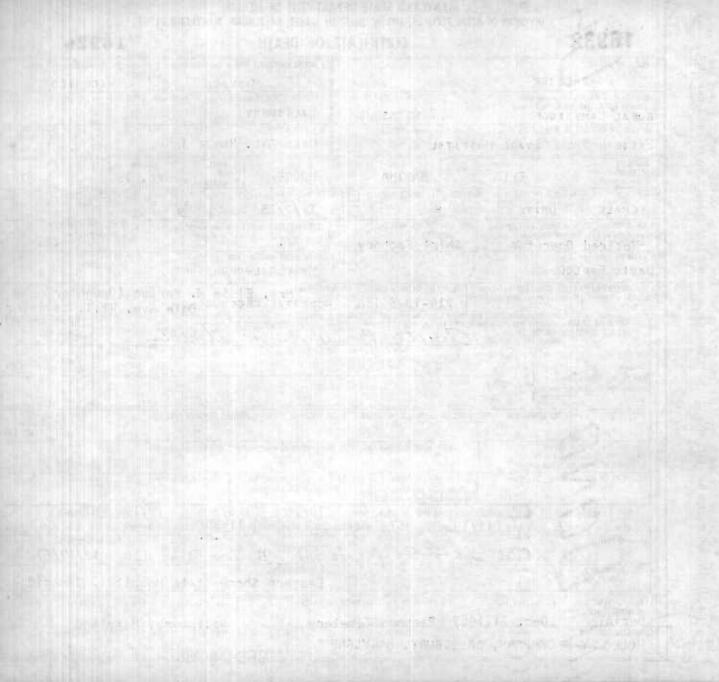
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## CERTIFICATE OF DEATH

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		a. COUNTY DORC	HECTED		USUAL RESIDENCE (Where deceased lived, if institution: Residence before adm a. STATE     b. COUNTY			
			If outside carparate limits,	MARYLAND  c. LENGTH OF STAY IN 1b		ARY AND	WICOMICO	
		write RURAL and	give nearest tawn)			utside corporate limits, write RUF	(AL and give neorest town)	
	_	RURAL CAM		7 WEEKS	SALISBURY		det de	
				haspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?	
3			HORE STATE H		OGLE AVE.		YES NO 🔀	
		NAME OF DECEASED	First	Middle	Last	4. DATE Mant		
		(Type or print)	ELLA	MAR THA	MOORE	DEATH DEC.	17	
	S.	FEMALE		MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 11/2/83	9. AGE (In years last birthday) 84 yrs.	Months Days Haurs Min	
	10a duri	ing mast af working	(Give kind of wark dane life, even if retired) Operator	10b. KIND OF BUSINESS OR INDUSTRY Shirt Factory	11. BIRTHPLACE (County	& State, ar fareign country)	12. CITIZEN OF WHAT COUNTRY?	
	13.	FATHER'S NAME	operator	1 Silli E l'actory	14. MOTHER'S MAIOEN	NAMF		
		DAVID FAR	LOW		MARY MILE			
			R IN U.S. ARMED FORCES? (If yes give wor or dates of ser	vice) 16. SOCIAL SECURITY NO. 1. 214-10-6513A	7. INFORMANT Mrs. E	Isie M. Parsor	fs(Daughter) ,Rt.1, Salisbu	
		PART I. DEAT  537  Canditions, if any,		er line far (a), (b), ond (c).) Acute Be	aterial Va	craticlity	INTERVAL BETWEEM ONSET AND DEATH	
		nse ta immediate cause (o), stating the underlying cause last.  DUE TO  (c)						
2	FICATION	PART II. OTHER SI	GNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED 1	O THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO	
	CERT	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. OESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Port II of item 18.)		
	MEDICAL	20c. TIME OF INJU Hour a.n p.n			PLACE OF INJURY (Home, farn foctory, street, affice bldg., etc.		(County) (State)	
		21. I certify that (I) (this hospital) attended the deceased from 10/26, 1967, to 12/19, 1967, that (I) (we) lost saw the deceased alive an 12/19 1967, and that death accurred at 11:25M, fram causes and an the date stated above.						
		220. SIGNATURE LEFE LEGICAL M.D. ATTENDING MED. STAFF 12/19/67						
1		22c. PHYSICIAN'S NAME (Type)	<i>\\</i>	8	22d. ADORESS Eastern Sh	nore State Hosp	oital, Cambridge	
	230	REMOVAL (Specify Burial	Dec. 21.			23d. LOCATION (City or Tov		
1	24	. FUNERAL DIRECTO	R	AODRESS	2Sa. REC'	Salisbury, A	GISTRAR'S SIGNATURE	
10		HOLLOWAY	& COMPANY,	SALISBURY, MARYLA	ND DATE		Charles Jandas	
1	_					UZ 6 1867 W	MONEY YATE	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fundral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs, after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67



16933

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

ERTIFICATE OF DEATH

16927

	on dive nearest town)  on A FARM?  YES NO DOY  DOY  POOT  19 67  IF UNDER 1 YEAR IF UNDER 24 HRS  Manths Days Hours Min.  12. CITIZEN OF WHAT  COUNTRY?  U.S.
write RURAL and give nearest town)  Cambridge  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Cambridge—Md. Hospital  3. NAME OF DECEASED (Type or print)  S. SEX  6. COLOR OR RACE  Female  White  WIDOWED  DIVORCED  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  homemaker  13. FATHER'S NAME  William Hargett  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)  If yes give wor or dates of service)  ROCIAL SECURITY NO.  18. CAUSE OF DEATH (Enter only ane couse per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Wist in mediate cause (a), storing the underlying couse  Cambridge  d. STREET ADDRESS  A. STREET ADDRESS  3.10 Willis St.  ADATE Month OF Month OF Mewell  DIVARIED  B. DATE OF BIRTH  9. AGE (In yeors  Lost UPATH Deceming 19. AGE (In yeors  10. AGE (In yeors  10. B. DATE OF BIRTH  9. AGE (In yeors  10. B. DATE OF BIRTH  9. AGE (In yeors  10. B. DATE OF BIRTH  9. AGE (In yeors  10. B. DATE OF BIRTH  9. AGE (In yeors  10. B. DATE OF BIRTH  9. AGE (In yeors  10. B. DATE OF BIRTH  9. AGE (In yeors  10. B. DATE OF BIRTH  9. AGE (In yeors  10. B. DATE OF BIRTH  9. AGE (In yeors  10. B. DATE OF BIRTH  9. AGE (In yeors  10. B. DATE OF BIRTH  9. AGE (In yeors  10. B. DATE OF BIRTH  9. AGE (In yeors  11. BIRTHPLACE (Caunty & Stote, or foreign cauntry)  Mt. Airey, Md.  11. BIRTHPLACE (Caunty & Stote, or foreign cauntry)  Mt. Airey, Md.  12. INFORMANT  Address  Mr. Homer Newell 310 Will  13. William  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown)  (If yes give wor or dates of service)  16. SOCIAL SECURITY NO.  17. INFORMANT  Mr. Homer Newell 310 Will  18. CAUSE OF DEATH (Enter only ane couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  DUE TO  Address  DUE TO  DUE TO  DUE TO  A DATE  Month  16. SOCIAL SECURITY NO.  17. INFORMANT  Mr. Homer	Doy Year Doy Year Doy Year Doy Year Doy Hours Min.  12. CITIZEN OF WHAT COUNTRY? U.S.  INTERVAL BETWEEN ONSET AND DEATH
Cambridge  d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)  Cambridge—Md. Hospital  3. NAME OF DECEASED (Type or print)  S. SEX  6. COLOR OR RACE  Female White WIDOWED DIVORCED 3 Jan 1920  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  NO  10b. KIND OF BUSINESS OR III. BIRTHPLACE ((auntry & Stote, or foreign cauntry)  Mt. Airey, Md.  11. BATHER'S NAME  William Hargett  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)  NO  18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse  OCCUPATION (First address)  A DECEASED STATE (CAUSE (b))  DUE TO  Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse  OCCUPATION (First address)  A DECEASED STATE ADDRESS  A STREET ADDRESS  Modifier ADTE Month of STRIP ADATE Month of STRIP ADATE ADAT	Doy Year  Doy Year  Doy Year  Doy Year  Doy Hours 1967  IF UNDER I YEAR IF UNDER 24 HRS  Maniths Days Hours Min.  12. CITIZEN OF WHAT  COUNTRY?  U.S.  INTERVAL BETWEEN  ONSET AND DEATH
Cambridge—Md. Hospital  3. NAME OF DECEASED (Type or print) Pearl LaRue Newell OF DEATH December 1. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years Introduced In the Sex of Sex of Sex or Indian Marked Newell 1. B. DATE OF BIRTH 9. AGE (In years Introduced In the Sex of Sex or Indian Marked In the Sex of Sex or Indian Marked In the Modern In th	Doy Year  Doy Year  Doy Year  Doy Hours 1967  IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Doys Hours Min.  12. CITIZEN OF WHAT COUNTRY? U.S.  INTERVAL BETWEEN ONSET AND DEATH
Cambridge-Md. Hospital  3. NAME OF DECEASED (1/pe or pint)  S. SEX  6. COLOR OR RACE  7. MARRIED  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  15. FATHER'S NAME  William Hargett  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  16. SOCIAL SECURITY NO.  17. INFORMANT  Mr. Homer Newell 310 Will.  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  19. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  10. CONDITIONS  11. INFORMANT  12. INFORMANT  13. INFORMANT  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown)  16. SOCIAL SECURITY NO.  17. INFORMANT  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  19. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  19. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  19. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  19. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)	Doy Year Doy Year Doy Year Doy Year Doy Year Doy House 19 67 IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.  12. CITIZEN OF WHAT COUNTRY? U.S.  INTERVAL BETWEEN ONSET AND DEATH
3. NAME OF DECEASED (Type or print)  S. SEX  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED  DIVORCED  DIVORCED  3. Jan 1920  4. DATE OF DEATH  December 1. December	THE UNDER 1 YEAR IF UNDER 24 HRS.  Manths Days Hours Min.  12. CITIZEN OF WHAT COUNTRY? U.S.  INTERVAL BETWEEN ONSET AND DEATH
(Type or print)  Pearl  LaRue  Newell  DEATH  Decem  S. SEX  6. COLOR OR RACE  T. MARRIED  Widowed  Divorced  Divorced  Joan 1920  Lost birthday)  Joan 1920  Lost library  Mt. Airey, Md.  Lost Mother's Maiden Name  Sadie Wheeler  Sadie Wheeler  Sadie Wheeler  Lost library  Mt. Airey  Mt. Aire	IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days Hours Min.  12. CITIZEN OF WHAT COUNTRY? U.S.  INTERVAL BETWEEN ONSET AND DEATH
S. SEX  6. COLOR OR RACE  Female  White  WIDOWED  DIVORCED  3 Jan 1920  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  homemaker  10b. KIND OF BUSINESS OR INDUSTRY  INDUSTRY  Mt.Airey, Md.  14. MOTHER'S MAIDEN NAME  William Hargett  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)  NO  16. SOCIAL SECURITY NO.  17. INFORMANT  NO  18. CAUSE OF DEATH (Enter only ane cause per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying couse  7. MARRIED  NEVER MARRIED  B. DATE OF BIRTH  3 Jan 1920  11. BIRTHPLACE (Caunty & Stote, or foreign cauntry)  Mt. Airey, Md.  11. MOTHER'S MAIDEN NAME  Sadie Wheeler  16. SOCIAL SECURITY NO.  No  17. INFORMANT  Mr. Homer Newell 310 Will  CONDITION  OUT TO CONDITION, which gove rise to immediate cause (o), stoting the underlying couse  OUT TO CONDITION  DUE TO  DIVER MARRIED  B. DATE OF BIRTH  3 Jan 1920  11. BIRTHPLACE (Caunty & Stote, or foreign cauntry)  Mt. Airey, Md.  11. BIRTHPLACE (Caunty & Stote, or foreign cauntry)  Mt. Airey, Md.  11. BIRTHPLACE (Caunty & Stote, or foreign cauntry)  Mt. Airey, Md.  11. BIRTHPLACE (Caunty & Stote, or foreign cauntry)  Mt. Airey, Md.  11. BIRTHPLACE (Caunty & Stote, or foreign cauntry)  Mt. Airey, Md.  11. BIRTHPLACE (Caunty & Stote, or foreign cauntry)  Mt. Airey, Md.  11. BIRTHPLACE (Caunty & Stote, or foreign cauntry)  Mt. Airey, Md.  11. BIRTHPLACE (Caunty & Stote, or foreign cauntry)  Mt. Airey, Md.  11. BIRTHPLACE (Caunty & Stote, or foreign cauntry)  Mt. Airey, Md.  11. BIRTHPLACE (Caunty & Stote, or foreign cauntry)  Mt. Airey, Md.  11. BIRTHPLACE (Caunty & Stote, or foreign cauntry)  Mt. Airey, Md.  11. BIRTHPLACE (Caunty & Stote, or foreign cauntry)  M	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.  12. CITIZEN OF WHAT COUNTRY? U.S.  INTERVAL BETWEEN ONSET AND DEATH.
Female White WIDOWED DIVORCED 3 Jan 1920 4 for birthday)  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR III. BIRTHPLACE (Caunty & Stote, or foreign cauntry)  11c. MAIREY, Md.  12d. MOTHER'S MAIME  William Hargett  15s. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)  NO  16. SOCIAL SECURITY NO.  17. INFORMANT  Mr. Homer Newell 310 Will  18b. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse  DUE TO  DIVERCED  3 Jan 1920  4 1. BIRTHPLACE (Caunty & Stote, or foreign cauntry)  Mt. Airey, Md.  11. BIRTHPLACE (Caunty & Stote, or foreign cauntry)  Mt. Airey, Md.  11. BIRTHPLACE (Caunty & Stote, or foreign cauntry)  Mt. Airey, Md.  12. MOTHER'S MAIDEN NAME  Sadie Wheeler  Sadie Wheeler  Sadie Wheeler  CVD  DUE TO  DUE TO  DUE TO	12. CITIZEN OF WHAT COUNTRY? U.S.  Lis St. Camb. INTERVAL BETWEEN ONSET AND DEATH
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  homemaker  13. FATHER'S NAME  William Hargett  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)  NO  16. SOCIAL SECURITY NO.  17. INFORMANT  NO  NO  NO  NO  NO  Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse  DUE TO  DUE TO  DUE TO  Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse  DUE TO  DUE TO  DUE TO  DUE TO  ON  NO  11. BIRTHPLACE (Caunty & Stote, or foreign cauntry)  Mt. Airey, Md.  14. MOTHER'S MAIDEN NAME  Sadie Wheeler  15. INFORMANT  Mr. Homer Newell 310 Will  OF BUSINESS OR  INDUSTRY  Mt. Airey, Md.  14. MOTHER'S MAIDEN NAME  Sadie Wheeler  Sadie Wheeler  Sadie Wheeler  Sadie Wheeler  Address  Mr. Homer Newell 310 Will  OF BUSINESS OR  INDUSTRY  Mt. Airey, Md.  Industry  Mt. Airey, Md.  Industry  Sadie Wheeler  Sadie Wheeler  Sadie Wheeler  CVD  DUE TO  Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse	COUNTRY? U.S.  lis St. Camb.  INTERVAL BETWEEN ONSET AND DEATH
INDUSTRY   Mt.Airey, Md.	lis St. Camb.
13. FATHER'S NAME  William Hargett  Sadie Wheeler  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) In the service of the service o	lis St. Camb.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)  16. SOCIAL SECURITY NO.  17. INFORMANT  Mr. Homer Newell 310 Will:  18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse  DUE TO  DUE TO  DUE TO	lis St. Camb.  INTERVAL BETWEEN ONSET AND DEATH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) NO  18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:  (Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse  16. SOCIAL SECURITY NO.  17. INFORMANT  Mr. Homer Newell 310 Will:  Address  Mr. Homer Newell 310 Will:  Out to the underlying couse (b)  DUE TO  DUE TO  DUE TO  DUE TO	lis St. Camb.  INTERVAL BETWEEN ONSET AND DEATH
IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  OUE TO  Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse  Mr. Homer Newell 310 Wil.	INTERVAL BETWEEN ONSET AND DEATH
1B. CAUSE OF DEATH (Enter only one couse per line (ay (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse  DUE TO  DUE TO	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse  DUE TO  DUE TO	
Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse  DUE TO  DUE TO  Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse	
Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse DUE TO	
stoting the underlying couse DUE 10	5 sole 7
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED?
2   S   20g ACCIDENT WAS LINDERLYING   20h DESCRIBE HOW INSURY OCCURRED. (Enter nature of injury in Part L or Part II of item 1B.)	YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II at item 18.)	
S OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn)	(County) (Stote)
Hour a.m. p.m.  19 While of work of work factory, street, affice bldg., etc.)	
21. I certify that (1) (this haspital) attended the deceased fram /- 20, 1967, to 12-3/	_, 19.67 that (I) (we) la
21. I certify that (1) (this haspital) attended the deceased fram 1-20, 1967, to 12-3/ saw the deceased alive an 12-26, 1967, and that death accurred at 12144M, fram causes an	nd an the date stated above
22g SHONATURE ATTENDING MED STAFF	22b. DATE SIGNED
M.D. ATTENDING MED. STAFF PHYS.	1-3-68
22c. PHYSICIAN'S NAME (Type)  22d. ADDRESS	
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	n) (County) (Stote)
Burial 2 Jan 1968 Green Lawn Cemetery Cambridge 24. FUNERAL DIRECTOR ADDRESS 25G. REC'D BY REGISTRAR 25b. REGIS	, , , , , , , , , , , , , , , , , , , ,
24. FUNERAL DIRECTOR  ADDRESS  256. KEC'D BY REGISTRAR  25b. REGIS  ADDRESS  ADDRESS	Md. Dorchest

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16934 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 16928 FOR STATE HEALTH/DEP 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) PLACE OF DEATH o. COUNTY Dorchester b. COUNTY Dorchester o. STATE Maryland delay is ond 3 to Poge MARYLAND ment b. CITY OR TOWN (If autside corporate limits, write RURAL and give neorest town)

Cambridge C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) 3 vears Cambridge 2 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE form d. STREET ADDRESS ON A FARM? lond 2 with the Stote Be DOA Cambridge Maryland Hospital Cemetery Avenue This certificate shauld be executed within 24 hours after death. If ficate, writing the word "pending" in pencil in Item 18. Give Pages 1 NO X 3. NAME OF First Middle DATE Doy Year along with Lost DECEASED WILLIAM PARKS Dec. 5. 1967 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years SEX 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH 7. MARRIED birthdoy) Months Doys Hours Male Aug. 27, 1897 ile pages 1 ond 2 w hours ofter deoth. WIDOWED DIVORCED 11. BIRTHPLACE (Stote or foreign country)
Dorchester Co., Maryland 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) Seafood please execute the certificate, writing the word "pending" in pencil in I director. Page 4 should be forworded to the Chief Medical Examiner's 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Jacob T. Parks Maggie McCoy permit. File 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. within 72 (Yes, no, or unknown) (If yes give wor or dotes of service) Mr. Ralph Parks, Cambridge, Maryland 18-1.571 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) ONSET AND DEATH event PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (o) Congestive heart failure DUE TO in ony Conditions, if any, which gave rise to immediate couse (o), DUE TO D. stoting the underlying couse puo gp 19 WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) or removol, PERFORMED? CERTIFICATION NO X be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 3 should PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH. cremation, MEDICAL (Stote) 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. Not While moy be retained for your FUNERAL DIRECTOR: Page ot work at work Inspection X. 21. I certify that I taak charge of the remains described above, held an Autapsy Inquiry and in my opinion Natural causes X. Accident ... Suicide . Homicide Undetermined manner death resulted from: 5 mor TO FUNERAL.
Health prior to b CHIEF MEDICAL EXAMINER 12/7/67 ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) Cambridge, Md. EXAMINER'S John Mace Jr. M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) 23o. BURIAL, CREMATION 23b. DATE THEREOF Dec 8, 1967 Greenlawn Cemetery Burial (Specify) Cambridge, Maryland 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR LeCompte Funeral Service, Cambridge, Maryland Musikes VR A15ME (5

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16935 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **EOR STATE** HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b COUNTY Dorchester Del. delay is and 3 ta Sussex MARYLAND b. CITY OR TOWN (II outside corporate limits, write RURAL and give nearest town)
Nr. Campridge c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) pup 1 Min. Laurel e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give street address) d. STREET ADDRESS form in pencil in Item 18. Give Pages 1, Choptank River bridge Rt. 50 r3 nr Portsville YES NO A This certificate shauld be executed within 24 haurs after death. with NAME OF 4. DATE Lost Month Day Year DECEASED the Carlton Phippin E December 22 19 67 DEATH Office alang IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Manths Doys Hours White Male 72 hours after death WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Painter 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT 10b KIND OF BUSINESS OR home & industry COUNTRY? Delaware IISA e, writing the ward "pending" in pencil in farwarded to the Chief Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME J. Roger Phippin Laura Wilson Phippin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, ar unknown) (1) yes give war or dates of service) Dorchester County Sheriff, Cambridge, Md. any event within no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH Multiple injuries, severe DHE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stating the underlying cause D 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) remayal, please execute the certificate, NO K pe 20o. EXTERNAL CAUSE WAS PRIMAR CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 3 shauld MEDICAL EXAMINER: Pasænger in auto which hit bridge and plunged into river. crematian, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, Jorm, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.)
Bridge 12.02AMm. 12-22- 19 67 While Nat While FUNERAL DIRECTOR: Page of work Cambridge Md. ot work Dor. 21. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection . Inquiry 7 and in my apinian be retained far Accident To Undetermined manner death resulted fram: Natural causes Suicide [ Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED 5 m., TO FUNERA. Health prior fr ASSISTANT MEDICAL EXAMINER SIGNATURE 12/22/57 DEPUTY MEDICAL EXAMINER John Mace Jr. Address (Street, city, tawn, ar caunty) 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Tawn) 23b. DATE THEREOF (County) 23a. BURIAL CREMATION REMOVAL (Specify)
Burial near Laurell 12/26/67 VR A15ME (5) 6M 1/67 Laurel. Del.

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16998 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16931 FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 3 to Poge o. COUNTY Dorchester o. STATE b. COUNTY Maryland Caroline MARYLANO delay Stote Deportment b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) , 2, c. PM3. write RURAL and give neorest town) DOA Federalsburg Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Cambridge-Maryland Hospital Poges with farm River Road NO X YES NAME OF Middle 4. DATE 24 hours ofter deat Year DECEASED with the EVELYN **EDNA** RICKETTS December 19 67 (Type or print) DEATH Item 18. Give Office olong S. SEX YEAR 6. COLOR OR RACE OATE OF BIRTH 9. AGE (In years IF UNDER IF UNOER 24 HRS. 7. MARRIED **NEVER MARRIEO** Months Hours August 9, 1904 Female after deoth Negro WIOOWEO DIVORCEO and 2 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if refired) **Day Laborer** COUNTRY? Canning Factory Caroline Co., Maryland Examiner's pencil 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME be executed within haurs Helen Boyce Hall Beulah within 72 } 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT pending" in lef Medical E permit. (Yes, no, or unknown) (If yes give war or dotes of service) 213-22-9009 Ellsworth Ricketts, Federalsburg, Md. No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN Instant burial-transit event PART I. OEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Coronary occlusion e, writing the word forwarded to the Cl This certificate should OUF TO any Conditions, if ony, which gove rise to immediate couse (o), = DUE TO stoting the underlying couse and 00 19. WAS AUTOPSY PERFORMEO? cremotion, or removol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO X please execute the certificate, pe 20g. EXTERNAL CAUSE WAS 20b. OESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) should PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Ooy, Yeor (Stote) foctory, street, office bldg., etc.) Hour o.m. FUNERAL DIRECTOR: Page at work of work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X, for Inquiry and in my apinion the funerol director. death resulted fram: Natural causes X. Accident . Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE OEPUTY MEDICAL EXAMINER John Mace Jr. M.D. Health NAME (Loe Address (Street, city, town, or county) Cambridge. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 230. 23d. LOCATION (City or Town) (County) (Stote) 0 REMOVAL (Specify) Dec.22,1967 Federal Hill Cemetery Federalsburg, Maryland 2So. REC'D BY REGISTRAR **ADDRESS** 24. FUNERAL DIRECTOR transton VR A15ME DATEJAN Framptom and Son, Federalsburg, Maryland 6M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION-OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. 24 hours after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Dorchester Maryland Dorchester MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b days Hoopersville Cambridge ve carbon papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Cambridge Maryland Hospital DN A FARM? None NO K YES executed within 3. NAME OF DATE Middle Last Month Day Year DECEASED MARY D. RIPPONS (Type or print) 22 19 67 DEATH Dec. 5. SEX 6. COLOR DR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Ist birthday) | Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED any Female White Feb. 21, 1904 WIDOWED DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) d by the attending physician ransit permit. Then please cremation, or removal, and in 12. CITIZEN OF WHAT The law requires that the death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? Dorchester Co., Maryland Housewife Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Ada Dean 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) ((If yes give war or dates of service) Mr. Thomas C. Rippons, Hoopersville, Md. No unk 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN DNSET AND DEATH ial-transi PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physician. EREBRAL signed I Jins, been s.
the burian, c.
burial, c. DUE TO RTERIOSCLEROSIS Conditions, If any, which UNDE (b) gave rise to Immediate has been as the l DUE TD cause (a), stating underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health p PERFORMED? YES ND 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part | or Part || of Item 18.) FUNERAL DIRECTOR: After this certifector, page 3 should be detached ould be filed with the State Dept. of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. factory, street, office bldg., etc.) Not While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from 1967 12/22, 1927, that (1) (we) last saw the deceased alive on and that death occurred at 532M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. 22c. PHYSICIANS 22d. ADDRESS NAME (Type) MARYANEL directo Should BURIAL, CREMATION, 23b. DATE THEREDE 23c. NAME OF CEMETERY DR CREMATDRY 23d. LDCATIDN (City, town or county) (State) REMOVAL (Specify) Dorchester Memorial Park Cambridge, Maryland Burial FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR | 25b. LeCompte Funeral Service. Cambridge, Maryland VR A15 (4) 20M 1/65

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FOR STATE HEALTH DEPT. necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farworded to the Chief Medical Examiner's Office along with form PM3. Page

the State Department of

ony deloy is

This certificate should be executed within 24 hours ofter death. If

TO DEPUTY MEDICAL EXAMINER:

b. CITY OR TOWN (If outside corporote limits, write RURAL or Cambridge  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital)  3. NAME OF  First  C. LENGTH OF STAY IN 1b  DOA  C. CITY OR TOWN (If autside corporote limits, write RURAL or Cambridge  d. STREET ADDRESS  606 Cross Street  4. DATE Manth	Dorchester
d. NAME OF Cambridge  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)  Cambridge-Maryland Hospital  Cambridge-Maryland Hospital  Cambridge-Maryland Hospital  Cambridge-Maryland Hospital  Cambridge-Maryland Hospital  Cambridge-Maryland Hospital  Cambridge  d. STREET ADDRESS  606 Cross Street  Cambridge  Cambridge  Cambridge  A. DATE  Month	e. IS RESIDENCE ON A FARM?
Cambridge-Maryland Hospital 606 Cross Street  3. NAME OF First Middle tost 4. DATE Month	ON A FARM?
DECEASED.	
(Type or print)  GEORGE WASHINGTON ROBERTS  OF DEATH  DECEmber	Day Year 27 19 67
	JNDER 1 YEAR   IF UNDER 24 HRS nths Days Hours Min.
during most of working life, even if retired)  Construction  Dorchester Co., Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME  William Roberts  14. MOTHER'S MAIDEN NAME  Myrtle Washington	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. prunknown) (If yes give, was or dates of service) 220-26-5251 Mrs. Lee C. Roberts, Cambridge	ge, Maryland
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: Intracranial injuries	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove ise to immediate couse (o), stating the underlying couse DUE TO  DUE TO  Extensive fracture of skull  DUE TO	Insta t
lost. (c)	19. WAS AUTOPSY PERFORMED?
Slipped through roof and fell about ?	ement floor.
20c. TIME OF INJURY Month, Doy, Yeor  10AM pm. 12/27/67  20d. INJURY OCCURRED Solve of INJURY (Home, form, form, fotoloy, street, office bldg., etc.)  Pactory  10AM pm. 12/27/67  20d. INJURY OCCURRED Solve of INJURY (Home, form, fotoloy, street, office bldg., etc.)  Pactory  No Linkwood	(Caunty) (State)
21. I certify that I took charge of the remains described above, held an Autopsy 🗶 , Inspection 🔲 , Inquiry death resulted from: Natural causes 🔲 , Accident 🛣 , Suicide 🔲 , Homicide 🔲 , Undetermined manner	, and in my apinio
ACTUAL SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER   EXAMINER:  To be 7	22. DATE SIGNEE
NAME (Type) JOILL Mace Jr. IVI. D. Address (Street, city, town, or county) Cam  230. BURIAL REMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	bridge, Md. (County) (Slote)
24. FUNERAL PURECTOR To A LA ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTR	aryland  AR'S SIGNATURE  THE OUTPE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

VR A 15ME (5)

5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 wi Health prior to burial, cremation, or remaval, and in any event within 72 hours after death.

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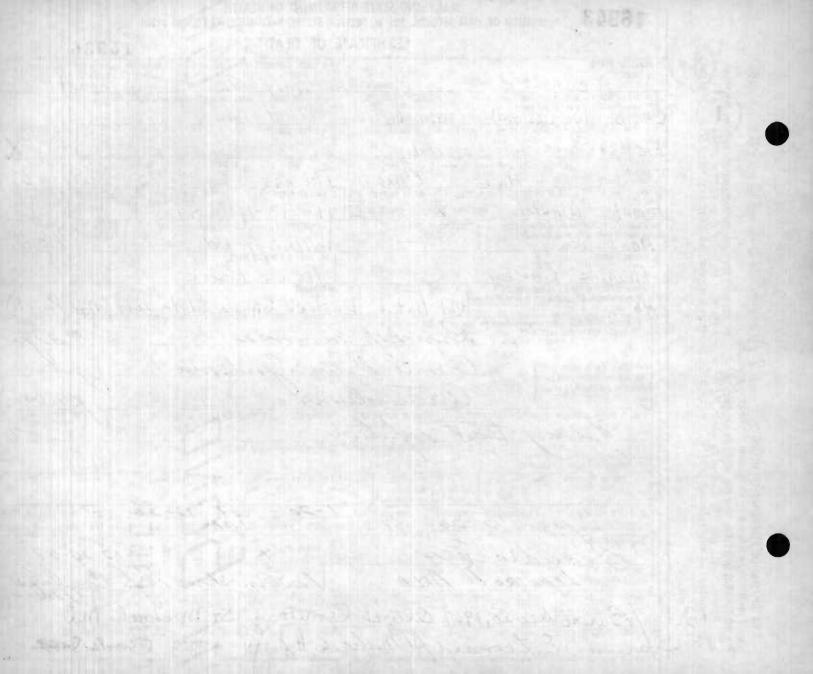
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16940 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR ST PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE 2, and 3 ta PM3. Page b. COUNTY 2 death MARYLAND delay Department b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside conforate limits, write RURAL and give nearest fown) 7.5 write RURAL and give negrest town) after HOSPITAL OR INSTITUTION in hospital, give stree d. STREET ADDRESS e. IS RESIDENCE ON A FARM? farm haurs ate YES NO X 24 hours after death. NAME OF DATE Dov Year DECEASED within (Type or print) DEATH along S. SEX IF UNDER F UNDER 24 HR 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In years NEVER MARRIED birthdoy) Last Months Doys Hours WIDOWED DIVORCED event and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during roost of working life, even if retired) INDUSTRY COUNTRY? any pending" in pencil in ef Medical Examiner's pages in any pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within pup WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) remayal, INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one couse per line for (a)) burial-transit PART I. DEATH WAS CAUSED BY: 0 IMMEDIATE CAUSE (o) This certificate shauld writing the ward cremation, DUF TO farwarded ta the Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse OS last burial PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO to the certificate, pe 20o. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 1B.) shauld agent, priar PRIMARY Or CONTRIBUTING should CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20d. INJURY OCCURRED Hour o.m foctory, street, office blda., etc.) While Not While FUNERAL DIRECTOR: Page please execute ot work its designated 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection > and in my opinion for funeral directar. deoth resulted from: Natural causes Accident Suicide Hamicide Undetermined manner retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE M.D. DEPUTY MEDICAL EXAMINER 10 Health ( may NAME (Type Address (Street, city, town, or county) BURIAL CREMATION. NAME OF CEMETERY OR CREMATORY 23d. 10CATION (City of Town) 23b. DATE THEREOF (County) (Stote) 0 REMOVAL (Specify) 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 2Sb VR A15ME 1968 6M 1/66

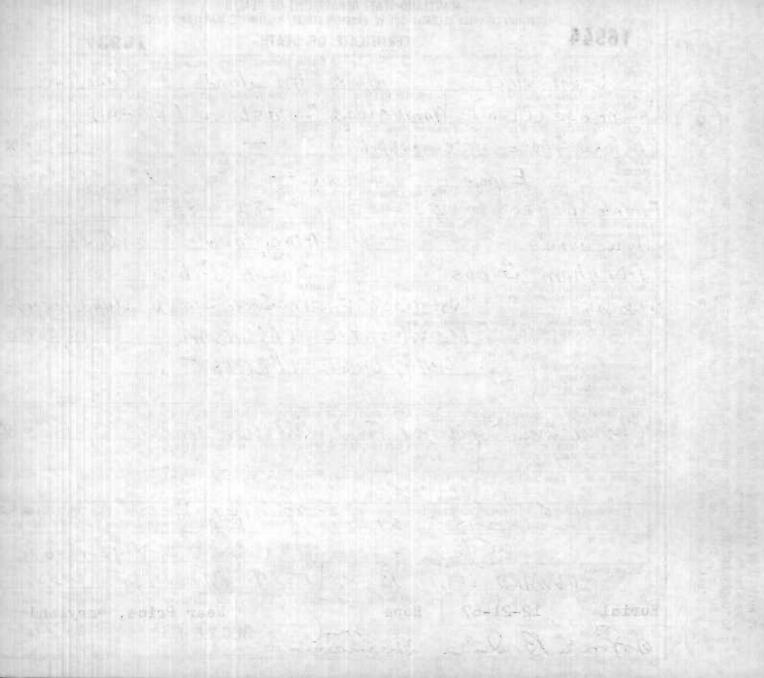
A 100	16941 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16934				
deoth.		ECEASED-NAME First Type or print) Geo	Middle rge Thomas	Stewart	20. DATE OF DEATH December 150, 67 8 An
after deol	3. S	Male	4. RACE White	S. DATE OF BIRTH Dec.5,188	6. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS
in by theers. Pagers. Pagers. Pagers. Pagers. 2 hours	7o.	BIRTHPLACE (Stote or foreign nary) Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.		9. COUNTY OF DEATH Dorchester Md.
vithin 24 I	1D.	Cambridge	11. NAME OF HOSPITAL OR IN give street address)	STITUTION (If not in haspital 12a. USU/ during m Maryland Hosp. R	OCCUPATION (Kind of work done 12h KIND OF BUSINESS OF
ecuted within 24 hc completely filled in ove corbon papers. y event, within 72 h	13a. adm		ed lived, if institution: Residence before	13c. CITY OR TOWN  13d. INSIDE CITY LE  Cambridge  VES NO	MITS? 13e. STREET AND NUMBER
ond corremo	14.	FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME F	irst Middle Lost
ficote be ysicion or please al, ond ii	160	WAS DECEASED EVER IN U.S. ARM (es, M. & unknawn) (III yes give we	Henry Stews ED FORCES? ar or dates of service)  16b. SOCIAL SECURITY 2/9-/6-6	NO 17 INFORMANT	therine Priscilla Willey  403dd Appleby Ave. Hurley, Cambridge, Md.
PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after deoth the hospital or ottending physicion.  This certificate has been signed by the attending physicion and completely filled in by the funeral etached for use as the buriol-transit permit. Then please remove corbon papers. Pages Land Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death		PART I. DEATH WAS CAUSED  IMMEDIA  3 3 / X  Conditions, if any, which gave)	y one cause per line for (a), (b), ond (c)  BY: TE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF	Haemontop	APPROXIMATE INTERVAL BETWEEN OBJECT AND DEATH  18 MM
equires that physicion. signed by t buriol-trons buriol, crem	rise ta immediate cause (a), Stating the underlying cause lost.  (c) DUE TO, OR AS-A CO lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO			Aclerates Second Transport of The Terminal Disease Orio	ONDITION GIVEN IN PART 1(a)
NOW THE PROOF OF THE PROOF OF THE PROOF OF THE PROOF OF THE PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.    190. DATE OF OPERATION   19b. CONDITION FOR WHICH OPERATION WAS PERFORMED   2Da. AUTOPSY?   YES   NO   YES   YES					
IVSICIAN: hospital or certificate ched for u	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medicol exomin	HOUR A.M. Month Doy Yeor er) P.M.	9	r noture of injury in Part 1 or Part 2, Item 1B.)
JING PHYSIC by the hospi ffer this certi be detached state Dept. o	W	While Not while at wark of wark	OFFICE BUILDING, ETC.	CTORY.) 21f. LOCATION Street ar R.F.D. Na	
D HOSPITAL OR ATTENDING PHYS Poge 4 may be retained by the hos D FUNERAL DIRECTOR: After this ce director, page 3 should be detache should be filed with the State Dept.		causes stated abave	s haspital) attended the deceas ive an, (I) (we) (did) (did nat) view the	ed fram, 1933 9  , and that in (my) (aur) api bady after death.	nian death accurred an the date and haur and from the
L OR ATTENE be retained DIRECTOR: A gge 3 should		22b. SIPNATURE  CINEL  22d/ PHYSICIAN'S	Thomas Ras	DEGREE ATTENDING PHYS.	NED. STAFF 22c. DATE SIGNED
TO HOSPITAL OR Poge 4 moy be r or FUNERAL DIRE director, page 3 should be filled v		NAME (Type)	MY LOS NAME OF	len	ebudy fled
×		BURIAL, CREMATION, REMOVAL (Specify) BURIAL DOC	17,1967 East	CEMETERY OR CREMATORY  New Market Cemet	23d. LOCATION (City or Town) (County) (Stote)  OF W. Hast Now Market Md.  Y REGISTRAR 25b. REGISTRARS SIGNATURE
VR A15 (4) 30M REV. 1/68	13	Please	The Cambri	dge, Md.	C 2 7 1967 Milarles Judge

1 1		16942	DIVISION OF VITAL R		RESTON STREET,	BALTIMORE, M			
	1 00	CEASED-NAME First	AA A	CERTIFI	CATE OF DEA		169 OF DEATH	35	2b. HOUR
VI gag		ype or print)  NATHA			TEWART		CEMBER 26.	1967	8 P
	3. SE		4. RACE	, D	S. DATE OF BIRTH	DIX	6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
		MALE	NEGRO	OTD	DEC. 2.	1.905	last birthday)	MONTHS DAYS	HOURS MIN
	70. B	IRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTY		NEVER MARRIED		OF DEATH		
	caun	MARYLAND	USA	WIDOWED	DIVORCED [		DORCHESTER		M
00	10. C	CAMBRIDGE	give street addre	PITAL OR INSTITUTION (IF ss)	du	ring mast of warki	ON (Kind of work done ing life, even if retired.)	12b. KIND OF E	BUSINESS OR
09		USUAL RESIDENCE (Where deceose	ed lived, if institution: Reside	nce before 13c. CITY O	R TOWN 13d. INSI	DE CITY LIMITS? 13e.	STREET AND NUMBER		
9	aami	ssion) STATE MD.	13b. COUNTY DOT	CAME	RTDGE YES	NO DO	800 ALLEN ST	REET	
1	14. F	ATHER'S NAME First	Middle		S. MOTHER'S MAIDEN N		Middle		Last
		JOHN		STEWART		JANNIE		MOORE	3
	16a. Y	WAS DECEASED EVER IN U.S. ARM es, no, as unknown) (If yes give wo	ar or dates of service)		INFORMANT	00000	Address		
				01-994	GERTRUDE	STEWART	CAMBRIUM	APPROXIN	AATE INTERVAL
		18. CAUSE OF DEATH (Enter online PART I. DEATH WAS CAUSED	DV.		ONLY DUE TO A	DO DECE	ACT	BETWEEN OF	NSET AND OEATH
		14 ) I IMMEDIA	TE CAUSE (a)		ONARY HEA	RT DISE	NO II		
		Canditians, if any, which gave	DUE TO, OR AS A CONSE	QUENCE OF					
		rise to immediate cause (a),	(b) DUE TO, OR AS A CONSE	COLLENCE OF				1	
		stating the underlying cause	(c)	AGENCE OF					
		PART 2. OTHER SIGNIFICANT CON		EATH BUT NOT RELATED	TO THE TERMINAL DISEA	SE OR CONDITION G	IVEN IN PART 1(o)		
-	CERTIFICATION	190. DATE OF OPERATION 19b. (	CONDITION FOR WHICH OPERA	TION WAS PERFORMED	20a. AUTOPSY?		o. IF YES, WERE FINDINGS CO	ONSIDERED IN CE	RTIFYING
2	TIFIC					NO X	JSES OF DEATH?	71 P.	
		21a. ACCIDENT WAS UNDERLYIN			HOW INJURY OCCURRED	(Enter nature of i	injury in Port 1 or Port 2, 1	tem 18.)	
	MEDICAL	(If either, notify medical examin	ner) P.M.	19				500 / 1	THE
	0	at work	PLACE OF INJURY ( AT HOME, FA					County	Stote
		22a. I certify that (I) (thi saw the deceased al causes stated abave	s haspital) attended th	e deceased fram 1	2/23/	, 1967, ta_	12/26 , 19	67_, that	(I) (we) la
		causes stated abave	(I) (344) (dia) (dia)	vew the ady after	death.	apiman deal	in accorred an ine da	ie una naur (	and Irain III
		22b. SIGNATURE		2/			22c. I	DATE SIGNED	
		12	Mare	DEC		MED. DIRECTOR	STAFF PHYS.	2/29/67	
		22d. PHYSICIAN'S NAME (Type)			22e. ADDRESS				
		0 E	DWIN FASSETT			ICH STRE			
	23a.	BURIAL, CREMATION, 23b. I		. NAME OF CEMETERY O			ATION (City or Town)	(County)	(State)
K	24	REMOVAL (Specify) BURIAT FUNERAL DIRECTOR	12/30/67	WAUG!		REC'D BY REGISTRA	MRRT DGE R 2Sb. REGISTRAR'S	DOR.	MD.
1	24.	The delicate of	My Pair C	CAMBRIDGE,		JAN 2	1968 Julia		tge !
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16944 CERTIFICATE OF DEATH 16937 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) funeral and o. COUNTY b. COUNTY Rohester MARYLAND : ages the CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If/outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) dA e. IS RESIDENCE ON A FARM? .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled State YES NO X , ond in ony event, within NAME OF 4. DATE Month Dov Year remave corbon DECEASED 19 6 (Type or print) mma DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthdoy) Hours Negro WIDOWED X DIVORCED and 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) pleose during most of working life, even if retired) INDUSTRY House wife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaya 17. INFORMAN WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service Hosa (Med. CLUKNOWN buriol, cremation. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), PART I. DEATH WAS CAUSED BY: signed by the buriol-tronsit IMMEDIATE CAUSE (o) Poge 4 may be retained by the hospitol or attending physicion. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse this certificate has been be detoched for use os the State Dept. of Health priar to last. WAS AUTOPSY PERFORMED? IL OTHER SIGNIFICANT/CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year Hour o.m. foctory, street, office bldg., etc.) 21. I certify that 40 (this hospital) attended the deceased from 2-1967, and that death accurred at 1000 AM, fram causes and an the date stated above. TO FUNERAL DIRECTOR: saw the deceased alive an 12 220. SIGNATURE 22b. DATE SIGNED M.D. PHYS DIRECTOR director, page 3 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23d. LOCATION (City or Town) (Stote) (County) BUREMOVA (Specify) Hope Near Price. Maryland 26b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) DATE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16938 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20. DATE KNOWN Month Doy OF ESTI-DEATH MATED Dec. 18 HEALTH DEPT. 1. DECEASED-NAME First Middle 2b. HOUR (Type or Print) Randolph Weedon 2, and 3 ta PM3. Page Howard 19678:30 6. AGE (In years last birthday) partment 4. RACE IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 3. SEX S. DATE OF BIRTH 2d. HOUR Male White Sept. 3, 1896 19 679 : PM 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign MARRIED X NEVER MARRIED 9. COUNTY OF DEATH Office alang with farm 8. Give Pages 1, country) Cambridge U.S. WIDOWED [ DIVORCED [ Dorchester with the state 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)
Cambridge Country Club Manager Cambridge Hardware 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Md 13b. COUNTY Dorchester Cambridges X NO 407 Byrn St. and 2 14. FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME First Middle H. Hearn John Weedon Nannie 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes\_no, or unknown)
Yes 214-07-7921 Mrs. Howard Weedon Cambridge Md. within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH Coronary Occlusion IMMEDIATE CAUSE (a)\_\_\_ DUE TO. OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), certificate shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO TX 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 3 should HOUR A.M. PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry \, ond in my opinion death resulted fram: Natural causes X, Accident , Suicide , Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 5 may b ro FUNER Health Dec. 19.1967 **EXAMINER'S** ADDRESS(Street, city, town, or county) John Mace Jr. NAME (Type 230. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Dec. 21, 1967 Dorchester Mem. Park | Cambridge Dorchester Md 24. FUNERAL DIRECTOR 250. HELD BY REGISTRAR S 25b. REGISTRAR'S SIGNATURY Cambridge Md. DATE

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

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## DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EVARAINED'S CEDTICICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

	10341	,	MED	ICAL EXAMINER 3	CERTIFICATE C	OF DEATI	II.	165	941		
	LACE OF DEATH				2. USUAL RESIDENCE o. STATE	(Where deceose	d lived, if institut b. COU		nce before	e odmissio	on)
0	Dorche	ster		MARYLAND	Ma Ma	aryland		Dore	ches		
b	CITY OR TOWN (If outside write PURAL and give no Federals	e corporote limits, eorest town) burg - Rur	al	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	outside corporote eralsbu	e limits, write RU	RAL ond giv	e neores	1 town)	/
d	. NAME OF HOSPITAL OR I		iospit <b>ol</b> , g	give street oddress)	d. STREET ADDRESS Eld	orado R	load			e. IS RESIL ON A FA	DENCE ARM? NO *
D	NAME OF DECEASED Type or print)	First <b>EMMETT</b>		Middle WOODROW	lost WILSON	4. DATE OF DEATH	Mon Decem		Doy 11	Yes	ar 67
S. S	EX 6. COI		NARRIED IDOWED	NEVER MARRIED	8. DATE OF BIRTH Detober 5,		AGE (In years lost birthdoy)  yrs.	IF UNDER Months	1 YEAR Doys	Hours Hours	R 24 HRS. Min.
10o. durin	USUAL OCCUPATION (Give king most of working life, every Day Labore	ind of work done n if retired) <b>T</b>		ND OF BUSINESS OR DUSTRY Umbing	Dorcheste			1 ((	TIZEN OF DUNTRY? US.		
13.	FATHER'S NAME  Ezekiel	Wilson			14. MOTHER'S MAIDEN Dorot	NAME thy Lan	kford				
	WAS DECEASED EVER IN U.S. , no or unknown) (If yes g				informant irs. Charles	s G. Sa	ulsbury.		ton,	Del	
	PART I. DEATH WAS  H  Conditions, if ony, which rise to immediate couse stoting the underlying colost.	MMEDIATE CAUSE (o)  DUE TO  gove (b) e (o),   DUE TO	Cor	onary occlus	sion					SET AND DE	
ATION	PART II. OTHER SIGNIFICA	NT CONDITIONS <u>CONTRI</u>	BUTING T	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN	I IN PART 1(o)			WAS AUTO PERFORM ES	NO X
CERTIFICATION	20o. EXTERNAL CAUSE WA PRIMARY ☐ or CONTRIBUT CAUSE OF DEATH.		20b. DE	SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port 1 or Port	II of item 18.)				
MEDICAL	20c. TIME OF INJURY Mo Hour o.m. p.m.	nth, Doy, Yeor	20d. IN While of work	Not While for	CE OF INJURY (Home, for tory, street, office bldg., etc		(City or town)	(Co	unty)		(Stote)
	death resulted fro		uses 🔀	nains described above, h	cide, Hamicid CHIEF MEDICA M.D. ASSISTANT ME DEPUTY MEDI	e 🔲, Un	determined m	uiry [], nanner [ /14/ mbri	] 67 <sup>2</sup>	in my	SIGNED
230.	BURIAL, CREMATION, REMODAL Conceive	23b. DATE THEREOF Dec. 14.1		23c. NAME OF CEMETERY OR Eldorado Cem	CREMATORY	23d. LOC	ATION (City or To	wn)	(County)	) (9	Stote)
24. J.	FUNERAD DIRECTOR	Familia	la.	ADDRESS  deralshurg Ma	2So. REC	D BY REGISTRA	AR . 2Sb. RI	GISTRAR'S	SIGNATUS		80

Maryland

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necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Health prior to burial, cremation, ar removal, and in any event within 72 haurs after death. 5 may be retained far yaur files. VR A15ME 6M 1/67

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Artiel | Dec.14,1967 | Tidoreno Scretery

. . Transport and son, rodernstone, the morning .. .

FUNERAL DIRECTOR: director, page 3 Should be filed v 9 25M 1/67

19. WAS AUTOPSY PERFORMED? NO (County) (Stote) 21. I certify that (I) (this haspital) attended the deceased fram Dec. 15, 19 67ta Dec. 26, 19 67, that (I) (we) last saw the deceased alive an Dec. 27, and that death accurred at 3:30 AM, fram causes and an the date stated abave. 22b. DATE SIGNED 623 HIGH STREET. CAMB., MD. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23o. BURIAL, CREMATION, (Stote) REMOVAL (Specify) Dec. 30, 1967 Near Vienna, Maryland Fork Neck Cemetery 25b. REGISTRAR'S SIGNATURE 24. FUNERALLORSCHOR 2Sa. REC'D BY REGISTRAR Framptom and Son, Federalsburg, Maryland 1968 Charles & DATE JAN

e. IS RESIDENCE ON A FARM?

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12 10	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	16950 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1694	3
HEALTH DEPT. ∴ ₽ ₺ ₺ ₤	1. PLACE OF DEATH  o. COUNTY  O. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before o. STATE  MARYLAND  MARYLAND	re odmission)
If any delay is 1, 2, and 3 ta rm PM3. Page Department of urs after death.	b. CITY OR TOWN (It outside corporate limits, write RURAL and give neares with a rich to the composition of	09,1
farm farm	d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address)  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
<b>CAL EXAMINER:</b> This certificate should be executed within 24 haurs after death. If a execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, ar. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm of far your files. <b>FOR:</b> Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Stare Deggnated agent, prior to burial, cremation, ar remaval, and in any event within 72 hours of	3. NAME OF DECEASED (Type or print) Marianne Von Johnston Voun 9 DEATH 1Z 9	1967
irs afte 18. Gi ce alan 12 with nt with	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3. DATE OF BIRTY 9. AGE (In years birthday) Months Doys	Hours Min.
24 hau in Item r's Offii ss land ny eve	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR II. BURTHELACE (State or foreign country)  127CIVIZEN O COUNTRY:	F-WHAT
d within 24 h in pencil in It Examiner's O File pages 10 and in any e	13. FATHER'S NAME Unknown 14-MOTHER'S MAIDEN NAME—	
cuted in ng" in dical Estimit. Fi	15. WAS DECEASED FOR IN U.S. ARMED FORCES? (Yes, no, or unknown) (tryes give wor or dotes of sowice)  16. SOCIAL SECURITY NO. 17 INFORMANT Address 301 alphase Rd 1	Belto.
be exe "pendi hief Me ansit pe ar rem	18. CAUSE OF OEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) Intracranial injuries	SELAND DEATH
certificate should be executed writing the ward "pending" arwarded to the Chief Medical used as a burial-transit permit.	Conditions, if ony, which gove (b) Multiple skull fractures	5 Mins
ficate ring thourded to rded to as a b at, crem	stoting the underlying couse (c)	
is certification is the second in the second is the second in the second is the second in the second	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  19.	WAS AUTOPSY PERFORMED?
ER: The certification of the c	200. EXTERNAL CAUSE WAS PRIMARY BY OF CONTRIBUTING TO CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY BY OF CONTRIBUTING TO CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS FELL down cellar steps.	
e execute the certificate. Page 4 should led far your files. CTOR: Page 3 should signated agent, pri	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 7 AMp.m. 12/9 19 67 of work of work of work with the control of work with	(Stote) Dor.Md.
MECTAL EXAM please execute th directar. Page 4 etained far yaur DIRECTOR: Page s designated age		d in my opinion
please II director retained Its designs	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNEO
necessary, please execute the certificate, the funeral director. Page 4 should be fo 5 may be retained far your files.  TO FUNERAL DIRECTOR: Page 3 should be to Health or its designated agent, priar to	NAME (Type) SOTTE MERCE ST. M. D. Address (Street, city, town, or county)	Md.
TO P	230 ABURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY, 23d TOTATION (City or Town) (County REMOVAL (Specific property) (21) 3167 DUISEN FOR THE SPECIFIC PROPERTY OF CREMATORY, 23d TOTATION (City or Town) (County REMOVAL (Specific property)) (County REMOVAL (Specific property)) (COUNTY)	MA
VR A15ME (5)	Je EUNERAY DIRECTORY LONG COLLET MODRESS COLLET DATE DEC 15 1967 Collaboration Dec 15 1967 Collaboration	